



## **Town of Arlington Board of Selectmen**

### **Meeting Agenda**

May 18, 2015

7:15 PM

Selectmen's Chambers, 2nd Floor, Town Hall

#### **CONSENT AGENDA**

1. For Approval: Arlington International Film Festival Banners  
April Ranck, Executive Director, AIFF
2. Vote: Sale of Wine at Farmer's Market 2015 Applicant  
Kipton Kumler, d/b/a Turtle Creek Winery
3. For Approval: Placement of Sign for Spy Pond Fun Day  
Karen Grossman, President, Friends of Spy Pond Park

#### **APPOINTMENTS**

4. Arlington Veterans Council  
Jeff Melton  
Steven Sawtelle  
Daniel Styffe  
(terms to expire 1/31/2018)  
  
William Hayner  
Patrick Quinn  
Anmarie Russo  
(terms to expire 6/30/2018)
5. Commission on Disability  
Patrick Quinn  
(term to expire 6/30/2018)

#### **LICENSES & PERMITS**

6. Request: Food Vendor License  
Fenway Market, 203 Broadway, Samir Shaikh
7. Request: Common Victualler License  
Sugo Italian Kitchen, 162 Massachusetts Ave., Josephine Maniscalco
8. Request: Change of Manager - All Alcohol License  
Not Your Average Joe's Inc., 645 Massachusetts Avenue, David Chambers
9. Approval: Outside Cafe Policy  
Douglas W. Heim, Town Counsel
10. Discussion and Vote: Special Alcohol License

Kevin F. Greeley, Chair  
(tabled from 4/13/15 meeting)

**CITIZENS OPEN FORUM - SIGN IN PRIOR TO BEGINNING OF OPEN FORUM**

Except in unusual circumstances, any matter presented for consideration of the Board shall neither be acted upon, nor a decision made the night of the presentation in accordance with the policy under which the Open Forum was established. It should be noted that there is a three minute time limit to present a concern or request.

**TRAFFIC RULES & ORDERS / OTHER BUSINESS**

11. For Approval: Community Preservation Recruitment Process  
Adam W. Chapdelaine, Town Manager
12. For Approval: Acting Comptroller & Contracted Services  
Adam W. Chapdelaine, Town Manager
13. Annual Goal Setting - Date Selection  
Adam W. Chapdelaine, Town Manager
14. Vote: Designation of Attorney Jonathan Witten as Special Municipal Counsel  
Douglas W. Heim, Town Counsel

**NEW BUSINESS**

**EXECUTIVE SESSION**

Next Scheduled Meeting of Bos June 8, 2015



## Town of Arlington, Massachusetts

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### For Approval: Arlington International Film Festival Banners

#### Summary:

April Ranck, Executive Director, AIFF

#### ATTACHMENTS:

Type	Description
<input type="checkbox"/> Reference Material	Request from AIFF
<input type="checkbox"/> Reference Material	Sample Banner



arlington  
international  
film  
festival

*'Where Arlington and the World Converge'*

May 13, 2015

Arlington Selectmen,

As the Arlington International Film Festival approaches its 5<sup>th</sup> year of production, we respectfully come before you with our request to display banners in Arlington Center.

ATED has graciously committed their support of this year's AIFF KICK-OFF, scheduled for September 25<sup>th</sup> at the Arlington Town Hall. The intent of the Festival banners would be to announce this event as well as the dates of the Festival.

Specifics:

- *ATED will be the organization sponsoring AIFF*
- *Display dates: September 14<sup>th</sup> - October 26<sup>th</sup> (following Town Day)*
- *2 double-sided banners to be displayed on poles at Medford Street and Mass Ave*
- *Banner measurements: 7 x 3*
- *The upper portion of the banner would read:*  
ARLINGTON INTERNATIONAL FILM FESTIVAL  
Where Arlington and the World Converge  
[www.AIFFest.org](http://www.AIFFest.org)

*The lower portion of the banner would read:*  
KICK-OFF – September 25  
Sponsored by  
ARLINGTON – TOURISM & ECONOMIC DEVELOPMENT  
(Town logo or ATED logo)

FESTIVAL DATES ~ October 15 - 22

On behalf of the Arlington International Film Festival, I would like to express my sincere appreciative for the support we have received from the Town of Arlington and the many organizations, businesses as well as individuals over the past four years. As the Festival continues to grow we look forward to our continued relationships.

Thank you for your consideration and I will look forward hearing from you.

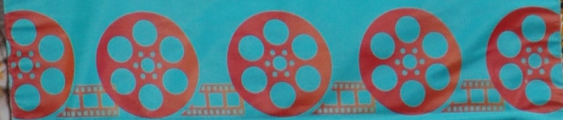
Kind Regards,  
April L. Ranck  
Executive Director



# ARLINGTON INTERNATIONAL FILM FESTIVAL

WHERE ARLINGTON  
& THE WORLD CONVERGE

[www.aiffest.org](http://www.aiffest.org)



OCTOBER 15-19, 2014

REGENT THEATRE

SPONSORED BY

 **Citizens Bank®**

GOOD BANKING IS GOOD CITIZENSHIP™





## **Town of Arlington, Massachusetts**

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### **Vote: Sale of Wine at Farmer's Market 2015 Applicant**

#### **Summary:**

Kipton Kumler, d/b/a Turtle Creek Winery

#### **ATTACHMENTS:**

Type	Description
 Reference Material	Farmer's Market Application

APPLICATION BY A FARMER WINERY FOR LICENSE TO SELL AT A  
FARMER'S MARKET  
(CH.138, §15F)

YEAR 20

12

RECEIVED  
SELECTMEN'S OFFICE  
LINGTON, MA 02174  
MAY 12 9 57 AM '15

**1. Licensee Information:**

Name of Applicant:	Lexington Consulting Group, Inc.	ABCC License Number: (If Existing Licensee)	FW35				
Mailing Address:	PO Box 601	Business Name (d/b/a if different):	Turtle Creek Winery				
Manager of Record:	Kipton Kumler	City/Town:	Lincoln	State:	MA	Zip:	01773
		Phone Number of Premises:	781 259 9976				
Other Phone:		Email:	kip@turtlecreekwine.com		Website:	turtlecreekwine.com	

Contact Person concerning this application (attorney if applicable):

Name:	same	City/Town:	same	State:	""	Zip:	""
Address:	same	Email:	same				
Contact Number:	same	Fax Number:					

**2. Event Information:**

A. Farmer's Market licenses are only permitted at events that the Department of Agriculture has certified as Agricultural Events.

Please attach document from Department of Agricultural Resources certifying that this is an agricultural event.

Date(s) of Event:

10 June - 28 October 2015

B. Contact person for applicant during event:

Name: Kipton Kumler

Phone number of contact:

781 259 9976

C. Description of the premises within the Farmer's Market:

Address of Premises for the Sale of Wine:

See attached MDAR application

City/Town:

Dr. Lexington

State:

MA

Zip:

02474

Phone Number of Premises:

781 858 8629

Describe Area to be Licensed:

See attached MDAR application

**APPLICATION FOR LICENSE BY A FARMER WINERY TO SELL AT A  
FARMER'S MARKET  
(CH.138, §15F)**

**3. Existing License(s) to Manufacture, Export and Sell at Retail:**

List the license(s) you hold which authorize the manufacture, exportation and retail sale of wine to consumers: (Attach a copy of each license)

Name	License Type	License Address
Lexington Consulting Group, Inc.	Farmer Winery	PO Box 601, Lincoln, MA 01773

**4. Are you providing, without charge, samples of wine to prospective customers?**

Yes ☒

No ☐

*Section 15F specifically requires that "all samples of wine shall be served by an agent, representative or solicitor of the licensee."*

**A. If yes, please provide names and addresses of all agents, representatives and solicitors:**

Name	Address	ABCC License Number
K. Kumler	PO Box 601 Lincoln, MA 01773	FW 35

**B. Proof of Age for Sale to Consumers:**

Please identify all methods by which you will obtain proof of age before providing samples or making any sales of wine to consumers :

All personnel TIPS certified.

**5. Transportation and Delivery:**

Please identify in detail all persons or businesses that are licensed under M.G.L. c. 138, §22 that will be making any delivery of wine on your behalf to the Farmer's Market in Massachusetts.

Lexington Consulting Group, Inc.

\*If additional space is needed, please use last page.

**APPLICATION FOR LICENSE BY A FARMER WINERY TO SELL AT A  
FARMER'S MARKET  
(CH.138, §15F)**

**6. Safety and Tax Registration:**

Has the Farmer's Market registered with the Food and Drug Administration? Yes ☒ No ☐ Registration Date: 12/2003

**7. Disclosure of License Disciplinary Action:**

Have any of the your licenses to sell alcoholic beverages ever been suspended, revoked or cancelled?

Yes ☐ No ☒

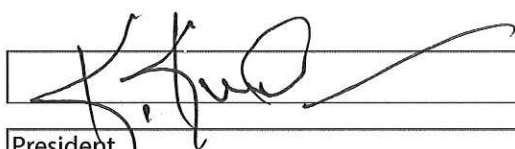
If yes, list said interest below:

Date	License	Reason why license was Suspended, Revoked or Cancelled

Pursuant to M.G.L. Ch. 62C, Sec. 49A, I certify under the penalties of perjury that, I have filed all state tax returns and paid all state taxes required under law. I further understand that each representation in this application is material to the determination of the application and state under penalty of perjury that all statements and representations therein are true.

Note: The LLA may require additional information.

Signature



Title

President

Date

05/06/15

THE COMMONWEALTH OF MASSACHUSETTS  
EXECUTIVE OFFICE OF ENERGY AND ENVIRONMENTAL AFFAIRS



Department of Agricultural Resources  
251 Causeway Street, Suite 500, Boston, MA 02114  
617-626-1700 fax: 617-626-1850 [www.mass.gov/agr](http://www.mass.gov/agr)



CHARLES D. BAKER  
Governor

KARYN E. POLITO  
Lt. Governor

MATTHEW A. BEATON  
Secretary

JOHN LEBEAUX  
Commissioner

April 15, 2015

Turtle Creek Winery  
Kip Kumler  
PO Box 601  
Lincoln, MA 01773

Re: Certification of Agricultural Event Pursuant to M.G.L. c. 138, Section 15F

Dear Mr. Kumler:

Please be advised that your application for certification of the Arlington Farmers Market, on Wednesdays from June 10<sup>th</sup> 2015 to October 28<sup>th</sup> 2015, from 2:00 pm to 6:30 pm as an agricultural event pursuant to M.G.L. c. 138, Section 15F has been approved.

Please remember that, upon certification of an agricultural event by MDAR, the farm-winery must submit a copy of the approved application to the local licensing authority along with the application for obtaining a special license from the city or town in which the event will be held. Upon issuance of a special license, the winery should confirm that a copy of the special license was sent by the local licensing authority to the Alcoholic Beverages Control Commission (ABCC) at least seven (7) days prior to the event.

Sincerely,

John Lebeaux, Commissioner

THE COMMONWEALTH OF MASSACHUSETTS  
EXECUTIVE OFFICE OF ENERGY AND ENVIRONMENTAL AFFAIRS



Department of Agricultural Resources

251 Causeway Street, Suite 500, Boston, MA 02114  
617-626-1700 fax: 617-626-1850 www.mass.gov/agr



Application for Certification of an Agricultural Event for the Sale of Wine  
Pursuant to M.G.L. c. 138, Section 15F

\*To be completed by the licensed farm-winery and returned to:

By Mail: Agricultural Event Certification Program, 251 Causeway Street, Suite 500, Boston, MA 02114

By Email: [Rebecca.Davidson@State.ma.us](mailto:Rebecca.Davidson@State.ma.us) with the subject line "Agricultural Event Certification"

(A separate application must be completed for each event)

In order for your application to be considered complete, you must include the following documents. Incomplete applications will not be accepted.

- ☒ Signed and dated application with farm-winery license number
- ☒ List of vendors with brief descriptions of products for current year/season
- ☒ Event operational guidelines or rules for current year/season
- ☒ Resume of event manager or description of experience
- ☒ Plan depicting the premises and specific location where the license will be exercised. See Template 1.
- ☒ Approval letter from event management including the name of the licensed farm-winery and the day(s), month and year of event. See Template 2.

1. Applicant Information

Name of Licensed Farm-Winery	Turtle Creek Winery				
Farm-Winery License Number	FW-35	State of Issue	MA		
Contact Person	Kip Kumler				
Address	PO Box 601				
City	Lincoln	State	MA	Zip	01773
Phone Number	781 259 9976	Email	kipk@me.com		
Correspondence preference	<input type="checkbox"/> Regular Mail		<input checked="" type="checkbox"/> Email		
<i>Note: Approval/denial letters will be sent regular mail.</i>					
Do you intend to sell, sample, or both? Check all that apply.					
<input checked="" type="checkbox"/> Sell		<input checked="" type="checkbox"/> Sample			

2. Event Information

Name of Agricultural Event	Arlington Farmers Market				
Type of Event	<input type="checkbox"/> Agricultural Fair (as defined by MDAR policy)	<input checked="" type="checkbox"/> Farmers Market (as defined by MDAR policy)	<input type="checkbox"/> Other Agricultural Event		
If you selected "Other Agricultural Event", how does this event promote local agriculture?					
Event Address	Russell Commons Municipa Pkg Lot at Mystic St / Winslow St				
City	Arlington	State	MA	Zip	02474
Event Phone Number	781 858 8629	Event Website	farmersmarketarlington.org		

### 3. Event Description

What are the date(s) and time(s) of the event?

Start date 06 / 10 / 2015 End date 10 / 28 / 15 Time 2 pm - 6:30 pm  
Month Day Year Month Day Year

If this is a weekly event, on what day of the week does the event occur? Wednesday

If the event is an agricultural fair, does the event include competitive agriculture?

☐ Yes

☐ No

☒ N/A

Is the event sponsored or run by an agricultural/horticultural society, grange, agricultural commission or association whose primary purpose is the promotion of agriculture and its allied industries?

☐ Yes

☒ No

If yes, identify:

### 4. Event Management

Name of Event Manager Patsy Kraemer

Email Address 85 Columbia Rd, Arlington

Phone Number 781 858 8629

Is this person the on-site manager?

☒ Yes

☐ No

If no, identify on-site manager (include contact information):

If there are multiple managers, list them and include contact information:

Attach on-site manager(s) resume(s) or list any credentials or training of the on-site manager(s):


*Relevant credentials include, but are not limited to, experience as a market manager, attendance at any market manager workshops, and experience with other agricultural events.*



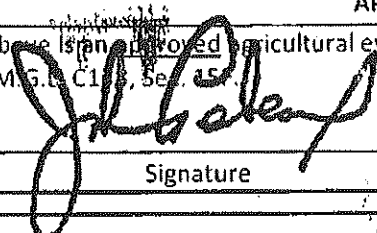
### 5. General

Attach or provide in the space below a plan depicting the premises and the specific location where the license will be exercised. See template for necessary elements to include.

Attached

	04/05/15
Signature of Applicant	Date
K. Kumler	Owner
Name (please print)	Title (please print)
FW 35	MA
Farm-Winery License Number	State

### FOR DEPARTMENT USE ONLY

APPROVAL	
The event listed above is <u>an approved</u> agricultural event by the Massachusetts Department of Agricultural Resources under M.G.A. Ch. 13, Sec. 15.	
	4/15/2015
Signature	Date

DENIAL	
The event listed above is <u>not approved</u> as an agricultural event by the Massachusetts Department of Agricultural Resources for the following reason(s):	
Signature	Date



## **Town of Arlington, Massachusetts**

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### **For Approval: Placement of Sign for Spy Pond Fun Day**

#### **Summary:**

Karen Grossman, President, Friends of Spy Pond Park

#### **ATTACHMENTS:**

Type	Description
 Reference Material	E-Mail Request, Sign Replica

**From:** Karen Grossman <karen@klgwoman.com>  
**To:** mkrepelka@town.arlington.ma.us  
**Date:** 05/14/2015 12:39 PM  
**Subject:** Selectmens' permission to erect a sign on 5/18 agenda

---

Hi Marie,

I am seeking the Selectmen's permission to erect a 2' x 3' sign advertising Spy Pond Fun Day, planned by the Spy Pond Committee and the Friends of Spy Pond Park. The sign would be placed on an A frame on the island on the western side of the intersection of Route 60 and Mass Ave. as you have permitted previously. We would place it there a.s.a.p. and it would remain there until right after the event on May 31. I have attached the wording for the sign as it exists.

Thank you for kindly considering this matter at your meeting next Monday. I apologize for the short notice.

Karen L. Grossman  
President  
Friends of Spy Pond Park

**Attachments:**

File: <a href="#">Spy Pond fun day 2015.large.pdf</a>	Size: 1288k	Content Type: application/pdf
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# Spy Pond

# Fun Day

## Sat. May 30

## 1-4 pm

Rain date: May 31

Paddle Crew

Island tours

Crafts Art walk

Extravaganza at Spy Pond Park

Join us



## Town of Arlington, Massachusetts

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### Arlington Veterans Council

#### Summary:

Jeff Melton  
Steven Sawtelle  
Daniel Styffe  
(terms to expire 1/31/2018)

William Hayner  
Patrick Quinn  
Anmarie Russo  
(terms to expire 6/30/2018)

#### ATTACHMENTS:

Type	Description
 Reference Material	Appointment Recommendations from Director, Health and Human Services
 Reference Material	Melton Reference
 Reference Material	Sawtelle Reference
 Reference Material	Styffe Reference
 Reference Material	Hayner Reference
 Reference Material	Quinn Reference
 Reference Material	Russo Reference



Town of Arlington  
Department of Health and Human Services  
Office of the Board of Health  
27 Maple Street  
Arlington, MA 02476

Tel: (781) 316-3170  
Fax: (781) 316-3175

**MEMO**

TO: Adam Chapdelaine, Town Manager

FROM: Christine Bongiorno, Director of Health and Human Services

DATE: April 29, 2015

RE: Veterans Council Appointees

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Interviews have been conducted for the six open seats on the newly created Arlington Veterans Council. The following residents are recommended for appointment:

- William Hayner, Veteran
- Daniel Styffe, Veteran
- Patrick Quinn, Veteran
- Jeff Melton, Veteran
- AnMarie Russo, Family Member of a Veteran
- Stephen Sawtelle, Family Member of a Veteran

Attached are resumes for each with a description of their experience and interest in serving the Town of Arlington. Please do not hesitate to contact me should you need additional information regarding this matter.



Town of Arlington  
Office of the Town Manager

Adam W. Chapdelaine  
Town Manager

730 Massachusetts Avenue  
Arlington MA 02476-4908  
Phone (781) 316-3010  
Fax (781) 316-3019  
E-mail: [achapdelaine@town.arlington.ma.us](mailto:achapdelaine@town.arlington.ma.us)

MEMORANDUM

DATE: May 12, 2015  
TO: Board Members  
SUBJECT: Appointment to Arlington Veterans Council

---

This memo is to request the Board's approval of my appointment of Jeff Melton to the Arlington Veterans Council with a term expiration date of 1/31/2018.

  
Town Manager

Christine Bongiorno,

My name is Jeff Melton and I am reaching out to share with you a little about my background for your consideration to join the Arlington Veterans' Council. I have been an Arlington resident since January of 2014 and work at Ottoson Middle School as an 8<sup>th</sup> grade math teacher. As Jeff told you, I met him through our mutual service in the Navy Reserve at the Navy Reserve Center in Manchester, NH. I have served in the Navy in some capacity for the last 15 years; 6 years most recently as a reservist and 9 years active duty prior to that.

I currently serve as a Chief Electronics Technician and am the Senior Enlisted Leader for my unit, MTOC Manchester. Our unit travels to Jacksonville, FL to support training and real world operations of the Navy's newest reconnaissance aircraft. Prior to joining this unit I was stationed in San Diego with a Mobile Expeditionary Security Detachment which the Navy utilizes to protect high value assets and provide security in foreign ports.

While on active duty I served aboard the USS Dextrous, a minesweeper stationed in Bahrain, during Operation Iraqi Freedom. After that I had follow on tours in San Diego, CA on the USNS Sioux, an ocean-going tug, then the Center for Surface Combat Systems where I was an instructor and curriculum manager for the Navy's primary message handling system.

Having been born and raised in Alaska, I am constantly impressed with the amount of history that surrounds me that I grew up learning about in school. I am particularly proud of the variety of plaques, markers and memorials we have in Arlington for our veterans and supporters of the Revolution. I am excited to learn more about how the Arlington Veterans' Council will not only benefit Arlington's veterans but increase the awareness to our citizens of both the actions of Arlington's veterans and the military actions that took place here during the Revolution.

Regards,

Jeff Melton

Cell: 619-846-6123

Email: jeffmeltonusn@gmail.com



## OFFICE OF THE BOARD OF SELECTMEN

KEVIN F. GREELEY, CHAIR  
DIANE M. MAHON, VICE CHAIR  
DANIEL J. DUNN  
STEVEN M. BYRNE  
JOSEPH A. CURRO, JR.



730 MASSACHUSETTS AVENUE  
TELEPHONE  
781-316-3020  
781-316-3029 FAX

TOWN OF ARLINGTON  
MASSACHUSETTS 02476-4908

May 4, 2015

Re: Appointment: Arlington Veterans Council

Dear Mr. Melton:

As a matter of the standard appointment procedure, the Board of Selectmen requests that you attend a meeting of the Board of Selectmen at Town Hall, Selectmen's Chambers, 2<sup>nd</sup> Floor, 730 Massachusetts Avenue, on Monday, May 18th at 7:15 p.m.

It is a requirement of the Board of Selectmen that you be present at this meeting. Your presence will give the Board an opportunity to meet and discuss matters with you about the area of activity in which you will be involved.

Please contact this office to confirm the date and time with either Mary Ann or Fran at the above number.

Thank you.

Very truly yours,  
BOARD OF SELECTMEN

A handwritten signature in cursive script, reading "Marie A. Krepelka".

Marie A. Krepelka  
Board Administrator

MAK:fr



Town of Arlington  
Office of the Town Manager

Adam W. Chapdelaine  
Town Manager

730 Massachusetts Avenue  
Arlington MA 02476-4908  
Phone (781) 316-3010  
Fax (781) 316-3019  
E-mail: [achapdelaine@town.arlington.ma.us](mailto:achapdelaine@town.arlington.ma.us)

MEMORANDUM

DATE: May 12, 2015

TO: Board Members

SUBJECT: Appointment to Arlington Veterans Council

---

This memo is to request the Board's approval of my appointment of Steven Sawtelle to the Arlington Veterans Council with a term expiration date of 1/31/2018.

  
Town Manager

March 13, 2015


Jeffrey A. Chunglo  
Town of Arlington Veteran's Agent  
730 Mass Ave.  
Arlington, MA 02476

Jeff,

I am writing to express my interest in being a member of the Town of Arlington Veteran's Council. Although I am not a veteran, my youngest son Jake served in the United States Marines Corps from 2010 to 2014, which included one combat tour in Afghanistan. My oldest son Bryan is currently active in the United States Air Force, stationed at McConnell Air Force Base, and will be deployed in May to Kuwait. My uncle, PFC John J. McHale USMC, was killed in action August 21, 1942 at the Battle of the Tenu River on Guadalcanal.

I value and respect the sacrifices that our veterans, their families as well, have made as they voluntarily serve our country. I appreciate your consideration of me for the Arlington Veteran's Council and I would be honored to serve on this board.

Sincerely,

Steven Sawtelle  
  
Arlington, MA 02474

## OFFICE OF THE BOARD OF SELECTMEN

KEVIN F. GREELEY, CHAIR  
DIANE M. MAHON, VICE CHAIR  
DANIEL J. DUNN  
STEVEN M. BYRNE  
JOSEPH A. CURRO, JR.



730 MASSACHUSETTS AVENUE  
TELEPHONE  
781-316-3020  
781-316-3029 FAX

TOWN OF ARLINGTON  
MASSACHUSETTS 02476-4908

May 4, 2015

Steven Sawtelle

[REDACTED]  
Arlington, MA 02474

Re: Appointment: Arlington Veterans Council

Dear Mr. Sawtelle:

As a matter of the standard appointment procedure, the Board of Selectmen requests that you attend a meeting of the Board of Selectmen at Town Hall, Selectmen's Chambers, 2<sup>nd</sup> Floor, 730 Massachusetts Avenue, on Monday, May 18th at 7:15 p.m.

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BOARD OF SELECTMEN

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Marie A. Krepelka  
Board Administrator

MAK:fr



Town of Arlington  
Office of the Town Manager

Adam W. Chapdelaine  
Town Manager

730 Massachusetts Avenue  
Arlington MA 02476-4908  
Phone (781) 316-3010  
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E-mail: [achapdelaine@town.arlington.ma.us](mailto:achapdelaine@town.arlington.ma.us)

MEMORANDUM

DATE: May 12, 2015

TO: Board Members

SUBJECT: Appointment to Arlington Veterans Council

---

This memo is to request the Board's approval of my appointment of Daniel Styffe to the Arlington Veterans Council with a term expiration date of 1/31/2018.

  
Town Manager

03/26/2015

Town manager,

My name is Daniel Styffe and I recently became a veteran of the United States Marine Corp, I was honorably discharged during the winter of 2014. I am twenty-five years old and was born raised in Arlington, then returned after my service. It has been brought to my attention that Arlington is starting Veterans Council, which I am really interested of joining. I am an Arlington High School class of 2008 graduate who after a year of playing JR hockey decided to Join the Marine corps. I attended Parris Island and then went off to School of infantry where I became an Infantry Assault man (MOS 0351). After graduation from the school of infantry I was assigned to join 3<sup>rd</sup> battalion 4<sup>th</sup> Marines out of 29 palms California. I deployed to Afghanistan in 2011 to Upper Gereshk Valley located in a Helmand Province and then again to the city of Saigon in 2013 also located in Helmand Province. I have attended countless schools in the Marine Corps including the Squad leader Course. After five years of service I was discharged honorably as a Corporal and started attending Bay State Collage where I am on my second year of receiving a Bachelors Degree in Criminal Justice. I am also working at the Hayden Recreational Center in Lexington where I do financial data entry and help out around the building. I would love to be considered to be a part of the Veterans Council and am here for any more questions or documents needed to help the process along if selected.

Thank you,  
Daniel Styffe

[REDACTED], Arlington MA 02476  
781-690-6868  
dannystyffe@gmail.com

Medals and Ribbons:

Navy and Marine Corps Achievement Medal with Valor In Combat device  
Combat Action Ribbon (Afghanistan)  
Marine Corps Good Conduct Ribbon  
National Defense Service Medal  
Afghanistan Campaign Medal (with one star)  
Global War on Terrorism Service Medal  
Sea Service Deployment Ribbon (2)  
Nato-Medal-ISAF Afghanistan  
Meritorious Mast (2)

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TELEPHONE  
781-316-3020  
781-316-3029 FAX

TOWN OF ARLINGTON  
MASSACHUSETTS 02476-4908

May 4, 2015

Re: Appointment: Arlington Veterans Council

Dear Mr. Styffe:

As a matter of the standard appointment procedure, the Board of Selectmen requests that you attend a meeting of the Board of Selectmen at Town Hall, Selectmen's Chambers, 2<sup>nd</sup> Floor, 730 Massachusetts Avenue, on Monday, May 18th at 7:15 p.m.

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Marie A. Krepelka  
Board Administrator

MAK:fr



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Office of the Town Manager

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Phone (781) 316-3010  
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E-mail: [achapdelaine@town.arlington.ma.us](mailto:achapdelaine@town.arlington.ma.us)

MEMORANDUM

DATE: May 12, 2015

TO: Board Members

SUBJECT: Appointment to Arlington Veterans Council

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This memo is to request the Board's approval of my appointment of William Hayner to the Arlington Veterans Council with a term expiration date of 6/30/2018.

  
Town Manager



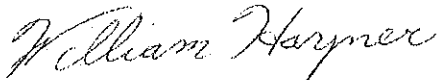
March 30, 2015

Arlington Town Manager  
c/o Eileen Messina  
730 Massachusetts Avenue  
Arlington, MA 02476

I wish to be considered for membership on the Arlington Veterans' Council. I grew up in Arlington and was a member of the United States Air Force from 1966 to 1970. I served in Texas, Taiwan, Viet Nam and Arizona. My wife and I returned to Arlington in 1994 I have degrees in Education and Law. I taught elementary school for 28 years and since retiring have been active in my church, St. Agnes, the Children's Room, Rotary, and continue to substitute in Lexington and Concord public schools. I am a Town Meeting member and currently serve on the Arlington School Committee.

I am proud of my military service and want to work to help other veterans in any way I can.

Thank you,



WILLIAM HAYNER

2015 MAR 30 AM 10:21

OFFICE OF THE BOARD OF SELECTMEN

KEVIN F. GREELEY, CHAIR  
DIANE M. MAHON, VICE CHAIR  
DANIEL J. DUNN  
STEVEN M. BYRNE  
JOSEPH A. CURRO, JR.



730 MASSACHUSETTS AVENUE  
TELEPHONE  
781-316-3020  
781-316-3029 FAX

TOWN OF ARLINGTON  
MASSACHUSETTS 02476-4908

May 4, 2015

William Hayner

[REDACTED]  
Arlington, MA 02474

Re: Appointment: Arlington Veterans Council

Dear Mr. Hayner:

As a matter of the standard appointment procedure, the Board of Selectmen requests that you attend a meeting of the Board of Selectmen at Town Hall, Selectmen's Chambers, 2<sup>nd</sup> Floor, 730 Massachusetts Avenue, on Monday, May 18th at 7:15 p.m.

It is a requirement of the Board of Selectmen that you be present at this meeting. Your presence will give the Board an opportunity to meet and discuss matters with you about the area of activity in which you will be involved.

Please contact this office to confirm the date and time with either Mary Ann or Fran at the above number.

Thank you.

Very truly yours,  
BOARD OF SELECTMEN

*Marie A. Krepelka*

Marie A. Krepelka  
Board Administrator



Town of Arlington  
Office of the Town Manager

Adam W. Chapdelaine  
Town Manager

730 Massachusetts Avenue  
Arlington MA 02476-4908  
Phone (781) 316-3010  
Fax (781) 316-3019  
E-mail: [achapdelaine@town.arlington.ma.us](mailto:achapdelaine@town.arlington.ma.us)

MEMORANDUM

DATE: May 12, 2015

TO: Board Members

SUBJECT: Appointment to Arlington Veterans Council

---

This memo is to request the Board's approval of my appointment of Patrick Quinn to the Arlington Veterans Council with a term expiration date of 6/30/2018.

  
Town Manager

**Patrick J. Quinn**

**Arlington, MA 02474**

**781-439-4031**

**Patrick@QuinnGroupIns.com**

03/26/2015

Town Manager,

I was excited to read about the Department of Veterans' Services and the new Veterans Council for the Town of Arlington. I have several years of experience in a variety of fields including insurance and finance as well as being a veteran who served in the United States Marine Corps.

In addition to my extensive office experience, I have strong communication, customer service, and administrative skills. My broad background makes me an excellent candidate for this position.

Thank you for your consideration. I look forward to hearing from you to arrange an interview.

Sincerely,

Patrick J. Quinn

## OFFICE OF THE BOARD OF SELECTMEN

KEVIN F. GREELEY, CHAIR  
DIANE M. MAHON, VICE CHAIR  
DANIEL J. DUNN  
STEVEN M. BYRNE  
JOSEPH A. CURRO, JR.



730 MASSACHUSETTS AVENUE  
TELEPHONE  
781-316-3020  
781-316-3029 FAX

TOWN OF ARLINGTON  
MASSACHUSETTS 02476-4908

May 4, 2015

Re: Appointment: Arlington Veterans Council

Dear Mr. Quinn:

As a matter of the standard appointment procedure, the Board of Selectmen requests that you attend a meeting of the Board of Selectmen at Town Hall, Selectmen's Chambers, 2<sup>nd</sup> Floor, 730 Massachusetts Avenue, on Monday, May 18th at 7:15 p.m.

It is a requirement of the Board of Selectmen that you be present at this meeting. Your presence will give the Board an opportunity to meet and discuss matters with you about the area of activity in which you will be involved.

Please contact this office to confirm the date and time with either Mary Ann or Fran at the above number.

Thank you.

Very truly yours,  
BOARD OF SELECTMEN

A handwritten signature in cursive script, reading "Marie A. Krepelka".

Marie A. Krepelka  
Board Administrator

MAK:fr



Town of Arlington  
Office of the Town Manager

Adam W. Chapdelaine  
Town Manager

730 Massachusetts Avenue  
Arlington MA 02476-4908  
Phone (781) 316-3010  
Fax (781) 316-3019  
E-mail: [achapdelaine@town.arlington.ma.us](mailto:achapdelaine@town.arlington.ma.us)

MEMORANDUM

DATE: May 12, 2015

TO: Board Members

SUBJECT: Appointment to Arlington Veterans Council

---

This memo is to request the Board's approval of my appointment of Anmarie Russo to the Arlington Veterans Council with a term expiration date of 6/30/2018.

  
Town Manager

-----Original Message-----

From: anmarie russo <russo.anmarie@gmail.com>

To: jchunglo@town.arlington.ma.us

Date: Thu, 5 Mar 2015 12:56:32 -0500

Subject: veteran's council

Hi Jeff

This email is in follow-up to our phone conversation of Monday. My name is Anmarie Russo and I am an Arlington resident. In fact I was born in Arlington at the Symmes Hospital, attended Stratton elementary, the Junior High West and Arlington High School. My siblings share a similar history.

My parents were raised in Watertown, MA but once married with children bought a two-family on Pine Street, Arlington in the 1950's. They both died in Arlington having remained in the same home their entire adult life. My family home was sold in app 2004.

My father served as a soldier during WWII. In fact he landed on one of the beaches in France on D-day 1 or 2. He has a purple heart and I believe 2 other medals. ( one of my siblings has them). Although he rarely spoke of his time in the war, we all knew that the war never left him. He experienced nightmares likely his entire adult life. That's what I remember of that war but know many other children of veterans and veterans themselves have more painful memories.

I can't really explain my passionate interest in WWII except that my father was so impacted by it. I wish to do something to honor him and support all veterans. I have inquired about having his name engraved on our monument in Arlington center but was told that since he was born in Watertown it would have to be done there. I think 60 yrs in one town should count for something. And this is something I would like to pursue at a later date.

My purpose today is to have you consider me for your veteran's council board. It seems like a perfect way to honor my dad and veterans of all wars that are local to Arlington.

I appreciate your time and consideration of my request.

I can be reached at 617-413-6758, this email address, or by mail at [REDACTED] Arlington.

Thanks again, I look forward to hearing from you.

Anmarie Russo

## OFFICE OF THE BOARD OF SELECTMEN

KEVIN F. GREELEY, CHAIR  
DIANE M. MAHON, VICE CHAIR  
DANIEL J. DUNN  
STEVEN M. BYRNE  
JOSEPH A. CURRO, JR.



730 MASSACHUSETTS AVENUE  
TELEPHONE  
781-316-3020  
781-316-3029 FAX

TOWN OF ARLINGTON  
MASSACHUSETTS 02476-4908

May 4, 2015

Re: Appointment: Arlington Veterans Council

Dear Ms. Russo:

As a matter of the standard appointment procedure, the Board of Selectmen requests that you attend a meeting of the Board of Selectmen at Town Hall, Selectmen's Chambers, 2<sup>nd</sup> Floor, 730 Massachusetts Avenue, on Monday, May 18th at 7:15 p.m.

It is a requirement of the Board of Selectmen that you be present at this meeting. Your presence will give the Board an opportunity to meet and discuss matters with you about the area of activity in which you will be involved.

Please contact this office to confirm the date and time with either Mary Ann or Fran at the above number.

Thank you.

Very truly yours,  
BOARD OF SELECTMEN

A handwritten signature in cursive script that reads "Marie A. Krepelka".

Marie A. Krepelka  
Board Administrator

MAK:fr





## Town of Arlington, Massachusetts

---

### Commission on Disability

#### Summary:

Patrick Quinn  
(term to expire 6/30/2018)

#### ATTACHMENTS:

Type	Description
 Reference Material	Town Manager recommendation, Quinn resume, Meeting notice



Town of Arlington  
Office of the Town Manager

Adam W. Chapdelaine  
Town Manager

730 Massachusetts Avenue  
Arlington MA 02476-4908  
Phone (781) 316-3010  
Fax (781) 316-3019  
E-mail: [achapdelaine@town.arlington.ma.us](mailto:achapdelaine@town.arlington.ma.us)

MEMORANDUM

DATE: May 13, 2015  
TO: Board Members  
SUBJECT: Appointment

---

This memo is to request the Board's approval of my appointment of Pat Quinn to the Commission on Disability with a term expiration date of 6/30/2018.

  
Town Manager

Patrick J. Quinn  
[REDACTED]  
Arlington, MA 02474  
Phone # 781-439-4031  
Patrick@QuinnGroupIns.com

**EXPERIENCE:**

01/2000 – Present      Quinn Group Insurance Agency      Arlington, MA

President:

- Responsible for day to day operations
- Prepare financial and tax reports
- Coordinated employee benefits packages
- Assist clients with complex insurance issues
- Supervised staff of fifteen employees
- Managed sales staff
- Grew agency 1200% over thirteen year period

1998-2000      Insurance Management Consultants      Cambridge, MA

Sales:

- Commercial Insurance
- Personal Insurance
- Health Insurance
- Dental Insurance

1991-1995      United States Marine Corps

Honorably Discharged

**Patrick J. Quinn**  
~~XXXXXXXXXXXX~~  
**Arlington, MA 02474**  
**Phone # 781-439-4031**  
**Patrick@QuinnGroupIns.com**

**BOARDS & COMMITTEES:**

- Arlington Chamber of Commerce – Board of Directors
- Winchester Chamber of Commerce –Prior Board of Directors
- Insurance Library of Boston – Trustee
- Commonwealth Automobile Reinsurers – MAIP Steering Committee
- Griffin Photography Museum – Board Member
- Massachusetts Association of Independent Insurance Agents – Legislative Committee
- Member of the Rotary Club of Winchester
- Board member – Treasurer – NEMLEC (Northeast Law Enforcement Council)
- Marine Corps League - Member
- Capital Square Business Association – Member
- Toys for Tots
- Arlington Youth Hockey – Supporter
- Armstrong Ambulance Service – Board Member

**EDUCATION:** University of Massachusetts – Criminal Justice

## OFFICE OF THE BOARD OF SELECTMEN

KEVIN F. GREELEY, CHAIR  
DIANE M. MAHON, VICE CHAIR  
DANIEL J. DUNN  
STEVEN M. BYRNE  
JOSEPH A. CURRO, JR.



730 MASSACHUSETTS AVENUE  
TELEPHONE  
781-316-3020  
781-316-3029 FAX

TOWN OF ARLINGTON  
MASSACHUSETTS 02476-4908

May 6, 2015

Re: Appointment: Commission on Disabilities

Dear Mr. Quinn:

As a matter of the standard appointment procedure, the Board of Selectmen requests that you attend a meeting of the Board of Selectmen at Town Hall, Selectmen's Chambers, 2<sup>nd</sup> Floor, 730 Massachusetts Avenue, on Monday, May 18th at 7:15 p.m.

It is a requirement of the Board of Selectmen that you be present at this meeting. Your presence will give the Board an opportunity to meet and discuss matters with you about the area of activity in which you will be involved.

Please contact this office to confirm the date and time with either Mary Ann or Fran at the above number.

Thank you.

Very truly yours,  
BOARD OF SELECTMEN

A handwritten signature in cursive script, reading "Marie A. Krepelka".

Marie A. Krepelka  
Board Administrator

MAK:fr



## Town of Arlington, Massachusetts

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### Request: Food Vendor License

#### Summary:

Fenway Market, 203 Broadway, Samir Shaikh

#### ATTACHMENTS:

Type	Description
 Reference Material	application packet

## LICENSE APPLICATION REPORT

Type of License      Food Vendor

Name of Applicant:   Samir Shaikh d/b/a Fenway Market

Address:                203 Broadway

The following Departments have **no objections** to the issuance of said license:

- Police            \_\_\_\_\_
- Fire             \_\_\_\_\_
- Health          \_\_\_\_\_
- Building        \_\_\_\_\_
- Planning        \_\_\_\_\_

The following Departments have **no objections** but have made comments or conditions regarding the issuance of said license: (see attached)

- Police              x
- Fire               x
- Health            x
- Building          x
- Planning          x

The following Departments have **objections** to the issuance of said license:  
(see attached)

- Police            \_\_\_\_\_
- Fire             \_\_\_\_\_
- Health          \_\_\_\_\_
- Building        \_\_\_\_\_
- Planning        \_\_\_\_\_

# ARLINGTON POLICE DEPARTMENT

**Frederick Ryan**  
Chief of Police



POLICE HEADQUARTERS  
112 Mystic Street  
Telephone 781-316-3900

*Town of Arlington*  
MASSACHUSETTS 02474

May 14, 2015

On Thursday, April 16, 2015 at 12:00 PM, I called and spoke with Samir Shaikh regarding this application for a Food Vendor License for the Fenway Market, located at 203 Broadway. Mr. Shaikh stated that this would be his second business opening with the same name of Fenway Market. Mr. Shaikh stated he owns the other business in Boston. Mr. Shaikh stated that he will be working and running the day to day operations in the store. Mr. Shaikh stated that he would be serving coffee and selling tobacco/Ma. Lottery in the store. Mr. Shaikh stated that he has a clean criminal history and does carry firearms. Through my investigations I found several incidents from out of town Police Departments that have cause to further investigation by the Selectmen's Office. I have passed along this information on to the Selectmen's Office for further review of Mr. Shaikh's application.

I advised Mr. Shaikh that the Board of Selectmen may be conducting C.O.R.I and S.O.R.I checks during the application process.

Pending the checks conducted by the Board of Selectmen's Office, Arlington Police Dept. is aware of previous law enforcement public safety incidents but at this time do not object to the Change of Food Vendor License for Fenway Market.

Detective Edward DeFrancisco

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## Applicant Section:

I have received the above report and acknowledge said inspection. I fully understand that no work is to commence at the premises of the proposed location of which is the subject matter of this inspection report until the license is approved by the Board of Selectmen; furthermore, any work done is done at the applicant's risk.

Applicant's Name: \_\_\_\_\_

Date: \_\_\_\_\_



**BOARD OF SELECTMEN  
TOWN OF ARLINGTON - INSPECTION REPORT**

Report is due at the Office of the Board of Selectmen by, April 22, 2015  
**ONE REPORT IS REQUIRED FROM EACH DEPARTMENT.**

Location: 203 Broadway  
Applicant's Name: Samir Shaikh  
D/B/A: Fenway Market  
Telephone: 617 849-3901  
Department: Sent via Email Date: 4/15/15

**MEETING DATE: APRIL 27, 2015  
RE: FOOD VENDOR LICENSE**

Police  
Fire  
Board of Health  
Building  
Planning

Comments by each Division or Department: *Inspect and maintain all fire gear*  
Inspected By: *lights, Exits, Exit signs, Fire*

DC *[Signature]*

*Protection and housekeeping*

**Applicant Section:**

I have received the above report and acknowledge said inspection. I fully understand that no work is to commence at the premises of the proposed location of which is the subject matter of this inspection report until the license is approved by the Board of Selectmen; furthermore, any work done is done at the applicant's risk.

Applicant's Name: Samir Shaikh

Date: 4/23/15



Town of Arlington  
Department of Health and Human Services  
Office of the Board of Health

27 Maple Street  
Arlington, MA 02476

Tel: (781) 916-3170

Fax: (781) 316-3175

MEMO

To: Board of Selectment  
From: Natasha Waden, Health Compliance Officer  
Date: April 23, 2015  
RE: Board of Health Comments for Selectmen's Meeting on April 27, 2015:

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Please accept the following as comments from the Office of the Board of Health:

**Fenway Market- 203 Broadway  
Food Vendor's License**

- This office is currently reviewing the plan review application that was submitted for Fenway Market. A letter will be sent to the owner outlining the conditions of approval by the end of the week.
- Once the plans have been approved and conditions outlined in the approval letter have been met, this office will conduct a final inspection before a permit to operate a food establishment will be issued.
- It is the owner's/manager's responsibility to ensure that the establishment complies with 105 CMR 590.000 (1999 Food Code)

---

**Applicant Section:**

I have received the above report and acknowledge said inspection. I fully understand that no work is to commence at the premises of the proposed location of which is the subject matter of this inspection report until the license is approved by the Board of Selectmen; furthermore, any work done is done at the applicant's risk.

Applicant's Name: Samir Shaikh

Date: 4/23/15

**BOARD OF SELECTMEN  
TOWN OF ARLINGTON - INSPECTION REPORT**

Report is Due at the office of the Board of Selectmen by,  
**ONE REPORT IS REQUIRED FROM EACH DEPARTMENT.**

Location: 203 Broadway  
Applicants Name: Samir Shaikh  
D/B/A: Fenway Market  
Telephone: 617 849-3901  
Department: Sent E-mail

Date: 4/22/2015

Report Filed By: Michael F. Byrne, Director of Inspectional Services  
Arthur F. Rouse, Inspector of Wires  
Kenneth McConnell, Inspector of Plumbing & Gasfitting

Departments:

Re: **FOOD VENDOR LICENSE**

Fire  
Police  
Board of Health  
Building, Wiring, Plumbing

**Building**

All building changes need permits.

All sign changes need approval and sign permit.

Window signs cannot exceed 25% of window or fines will be levied.

Certificate of Occupancy is needed - \$100 fee.

The Director of Inspectional Services has no objection to the issuance/ renewal of this license as the applicant has been made aware of seating capacity and necessity for showing proof of ownership of sidewalk

**Plumbing**

The Inspector of Plumbing and Gasfitting has no objection to the issuance/ renewal of this license.

All plumbing and Gasfitting work requires that the permits be obtained from this office for their respective trades by licensed contractors.

**Electrical**

The Inspector Wires has no objection to the issuance/ renewal of this license.

The applicant acknowledges that this is a conditional approval of the premises only and is not to be construed as approval by the Inspector of Wires of concealed electrical wiring. Any new wiring must conform to the Mass. Electrical Code. Notify the Inspector of Wires in accordance with Chapter 143, Section 31..

I have received the above report and knowledge said inspection. I fully understand that no work is to commence at the premises of the proposed location of which is the subject matter of this inspection report until the license is approved by the Board of Selectmen; furthermore, any work done is done at the applicants risk.

Applicant's Name: Samir Shaikh

Date: 4/23/15

**BOARD OF SELECTMEN  
TOWN OF ARLINGTON - INSPECTION REPORT**

Report is due at the Office of the Board of Selectmen by April 8th, 2015  
**ONE REPORT IS REQUIRED FROM EACH DEPARTMENT.**

Location: 203 Broadway  
Applicant's Name: Samir Shaikh  
D/B/A: Fenway Market  
Telephone: 617 849-3901  
Department: Sent E-mail

Date: 4/15/15

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**MEETING DATE: APRIL 27, 2015**

Departments: *Ted Fields 4.17.2015*

**Re: FOOD VENDOR LICENSE**

Police  
Fire  
Board of Health  
Building  
Planning

**Comments by each Division or Department:**

The business proposed for this site is a 700 square foot convenience store selling packaged food for consumption on and off the premises. There is no proposed seating for patrons, no assigned on-street parking and one (1) off-street parking spaces. It is a small enterprise serving the residential neighborhoods abutting the Broadway corridor (zone B2) between East Arlington and Arlington Center. Given its location on Broadway in the midst of a small commercial strip, it is an appropriate type of business for this setting.

The Dept. of Planning and Community Development has no objection to the issuance of a Food Vendor license as requested.

---

I have received the above report and acknowledge said inspection. I fully understand that no work is to commence at the premises of the proposed location of which is the subject matter of this inspection report until the license is approved by the Board of Selectmen; furthermore, any work done is done at the applicant's risk.

Applicant's Name: Samir Shaikh

Date: 4/23/15

OFFICE OF THE BOARD OF SELECTMEN

730 Massachusetts Avenue  
Town of Arlington  
Massachusetts 02476-4908

(781) 316-3020  
(781) 316-3029 fax

\$60.00 Filing Fee

APPLICATION

☐ COMMON VICTUALLER LICENSE

☒ FOOD VENDOR LICENSE (Take Out Only)

You must complete an application packet from the Board of Health Department located at 27 Maple St.

You must have the completed application reviewed by the Inspections Department located at 51 Grove St. before filing this application with this office

Location 203- Broadway Arlington  
Name of Applicant Samir Shaikh  
Corporate Name (if applicable) Zam Zam India Inc  
D/B/A Fenway Market  
Date April 8<sup>th</sup> 2015

I/We hereby agree to conform in all respects to the conditions governing such License as printed in the By-Laws of the Town, and such other rules and regulations as the Selectmen may establish. With the signing of this application, the applicant acknowledges that:

(A) it is understood that the Board is not required to grant the license.

(B) no work is to commence at the premises of the proposed location which is the subject matter of this application until the license is approved by the Board of Selectmen, and, furthermore, any work done is done at the applicant's risk, and

(C) in the event of a proposed sale of a business requiring a Common Victualler License, an application for a transfer of said license will be deemed to be an application for a new license (subject to the rules and regulations herein contained), and the owner of such business shall be required to file with the Board of Selectmen a thirty day notice of his intention to sell same before such application will be acted upon by the Selectmen.

(D) that the license is subject to revocation if the holder of the license does not comply with Town By-Laws or the Rules and Regulations of the Board.

Signature Name SShaikh

Signature Name \_\_\_\_\_

Phone: 617-849-3901 Email: kaishsamir@yahoo.com

Note: (A) If a corporation, state full names and addresses of principal officers.

(B) If a co-partnership, information must be provided on each partner; if a corporation, information must be provided on corporate officer making application.

Name Samir Shaikh Name \_\_\_\_\_  
Address 1374- Broadway, Apt #9C Address \_\_\_\_\_  
City Somerville Zip 02144 City \_\_\_\_\_ Zip \_\_\_\_\_  
DESCRIPTION OF APPLICANT DESCRIPTION OF APPLICANT  
Born in the U.S., Yes \_\_\_\_\_ No X Born in the U.S., Yes \_\_\_\_\_ No \_\_\_\_\_  
Born Where Valsad, India Born Where \_\_\_\_\_  
Date of Naturalization Oct 22<sup>nd</sup> 2009 Date of Naturalization \_\_\_\_\_  
Male or Female M Male or Female \_\_\_\_\_  
Date of birth [REDACTED] Date of birth \_\_\_\_\_  
Height 5 ft. 8 in. Height \_\_\_\_\_ ft. \_\_\_\_\_ in.  
Weight 165 Weight \_\_\_\_\_  
Complexion Brown Complexion \_\_\_\_\_  
Hair Black Eyes Brown Hair \_\_\_\_\_ Eyes \_\_\_\_\_  
Mother's Name Jubeda Shaikh Mother's Name \_\_\_\_\_  
Father's Name Basir Shaikh Father's Name \_\_\_\_\_  
Wife's Maiden Name Jilla Wife's Maiden Name \_\_\_\_\_  
Photo 1 inch by 1 inch



The Establishment shall operate as:

☐ Sole Ownership ☐ Partnership ☐ Total Number of Partners ☐ Corporation Based in \_\_\_\_\_  
(Once approved, please go to Clerk's Office for Business Certificate)

Corporate Information Required:

President Samir Shaikh, 7B-Kilmarnock st, Boston, MA 02215  
Secretary \_\_\_\_\_  
Treasurer \_\_\_\_\_

Name

Address

Zip

INFORMATION RELATIVE TO APPLICATION

Breakfast

Yes \_\_\_ No X

Lunch

Yes \_\_\_ No X

Dinner

Yes \_\_\_ No X

Do you own the property? Yes \_\_\_ No X Tenant At Will \_\_\_ Lease 10 years

Hours of Operation:

Day MON - Sat Hours 5:30 a.m. - 9:00 p.m.

Day Sun Hours 9 a.m. - 6 p.m.

Day \_\_\_ Hours \_\_\_

Floor Space 400 Sq. Ft. Seating Capacity (if any) 6

Parking Capacity (if any) 1 spaces Number of Employees 0

List Cooking Facilities (and implements)

N/A

Will a food scale be in use for sale of items to the public? Yes \_\_\_ No X

Will catering services be provided by you? Yes \_\_\_ No X

*A copy of the following items must be submitted with the application:*

- ✓ 1. Layout Plan of Facility & Fixtures
- ✓ 2. Site Plan (obtained at Bldg. Dept., 51 Grove St.)
- ✓ 3. Outside Facade and Sign Plan (dimensions, color)
- ✓ 4. Menu
- ✓ 5. Maintenance Program

If the facilities are not yet completed, provide estimated cost of work to be done \$ \_\_\_\_\_

FOR OFFICE USE ONLY

Scheduled Hearing when Application will be presented to Board of Selectmen for approval:

Date \_\_\_\_\_ Time \_\_\_\_\_

Board Action: Approved Yes \_\_\_ No \_\_\_

## APPLICANT'S RESUME

### *Food Business Experience of Applicant*

From _____	to _____
Employee _____	D/B/A _____
Sole Owner _____	Location _____
Partnership _____	Type Food _____
Corporation _____	Number of Employees _____

From _____	to _____
Employee _____	D/B/A _____
Sole Owner _____	Location _____
Partnership _____	Type Food _____
Corporation _____	Number of Employees _____

List any other information that you feel will assist in the review of this application.

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### REFERENCES

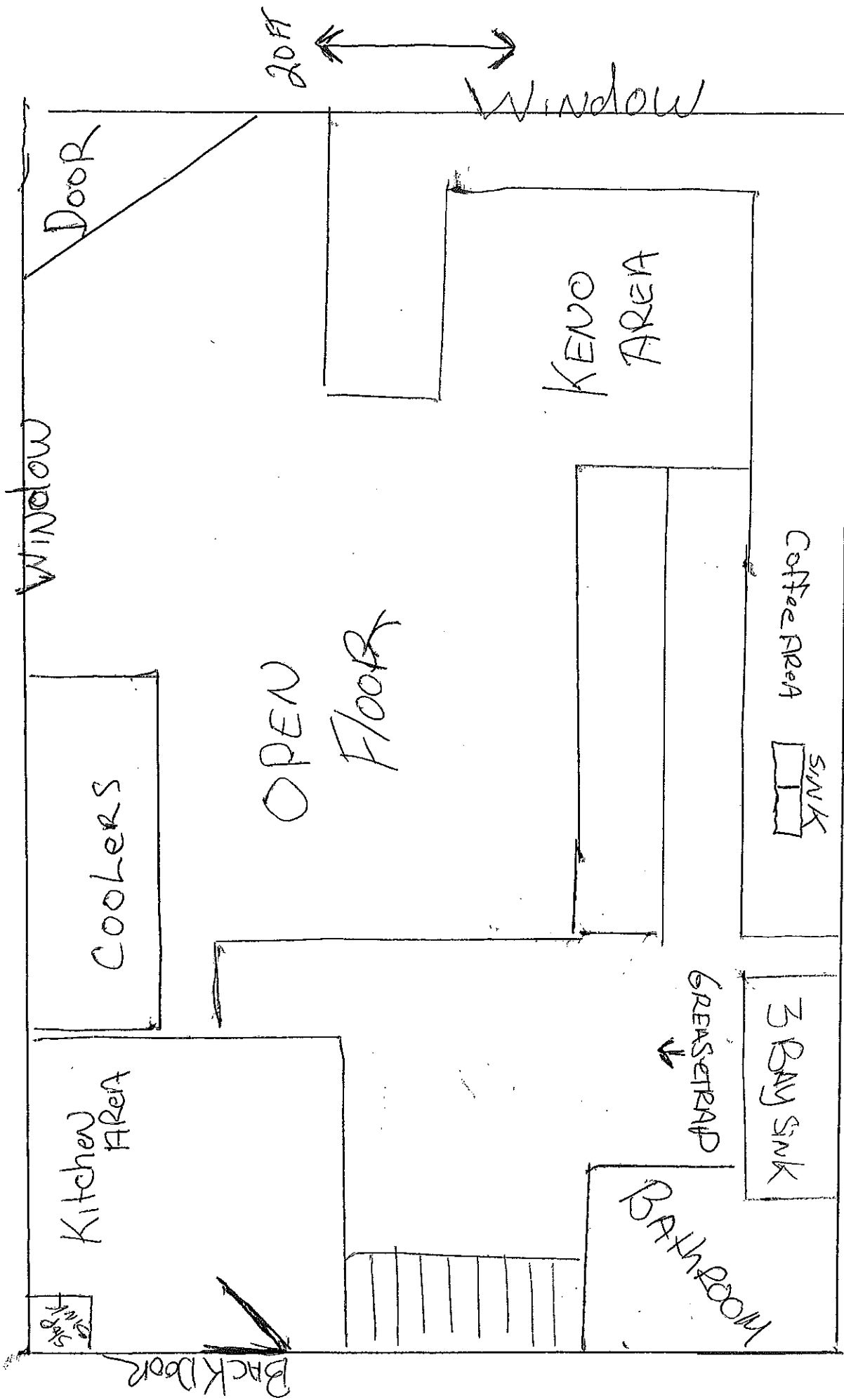
Bank <u>TD Bank</u>	Type Account	Personal	Business <u>X</u>
Address <u>235 Alwite Brook Pkwy</u>		Phone	<u>617-498-3294</u>
Account Number <u>[REDACTED]</u>		Contact	<u>lawyer</u>
Personal Reference <u>Mehboob Chikhalia</u>			
Address <u>12 Ashland St, Medford</u>		Phone	<u>617-680-2357</u>
Prior Employer <u>FENWAY MARKET</u>			
Address <u>76 Kilmarnock St</u>		Phone	<u>617-266-0987</u>
Number of years employed	<u>3-8m</u>	From	<u>2011</u> To <u>Current</u>
Contact	<u>Samir Shaikh</u>	Position Held	<u>OWNER</u>
Other _____			

Name

Address









# Menu

---

Reg. Coffee - \$1.50

Cold Coffee - \$1.50

Light Cream

Milk

# Maintenance Program

---

Respected the Board of Selectmen,

I Samir Shaikh is planning to purchase and operate a JR's Variety Grocery and coffee shop at 203 Broadway, Arlington. Please see below maintenance plan I foresee for the facility.

- Best Practices for maintaining a clean and safe environment for our customers and employees such as training employees for daily moping the ground space with biosurfactant which is both health and environmental friendly.
- Training on proper cleaning and sanitizing procedures; assisting with general health compliance with Health Department Regulations.
- Floor Maintenance training for in-house employees.
- Floor chemical support and selection to match maintenance schedule; maximizing the appearance of your floors.
- Installation of dispenser conversions for new use-controlled dispensing for chemicals, skin care, towel, and tissue needs.
- Sourcing packaging supplies for all your new or alternative takeout, and beverage items.



## **Town of Arlington, Massachusetts**

---

### **Request: Common Victualler License**

#### **Summary:**

Sugo Italian Kitchen, 162 Massachusetts Ave., Josephine Maniscalco

#### **ATTACHMENTS:**

Type	Description
 Reference Material	Sugo Italian Kitchen application packet

## LICENSE APPLICATION REPORT

Type of License:      Common Victualler

Name of Applicant:    Josephine Maniscalco d/b/a Sugo Italian Kitchen

Address:                162 Mass. Ave.

The following Departments have no objection to the issuance of said license:

- Police            \_\_\_\_\_
- Fire             \_\_\_\_\_
- Health          \_\_\_\_\_
- Building        \_\_\_\_\_
- Planning        \_\_\_\_\_

The following Departments have made comments or conditions regarding the issuance of said license: “ subject to conditions set forth” (see attached)

- Police              x
- Fire               x
- Health            x
- Building          x
- Planning          x

## ARLINGTON POLICE DEPARTMENT

Frederick Ryan  
Chief of Police



POLICE HEADQUARTERS  
112 Mystic Street  
Telephone 781-316-3900

*Town of Arlington*  
MASSACHUSETTS 02474

May 15, 2015

On Friday, May 15, 2015 at 9:00 AM, I called and spoke with Josephine Maniscalco regarding this application for a Common Victualler License for the Sugo Italian Kitchen, located at 162 Mass. Ave. Ms. Maniscalco stated that this is her first restaurant business and will be having her brother Rudy as the General Manager. Ms. Maniscalco stated that she will not be serving alcohol and will not have outside seating for now. Ms. Maniscalco stated that she will be running the day to day operations at the restaurant. Ms. Maniscalco stated that she hopes to open at the end of the month or beginning of June.

I advised Ms. Maniscalco that the Board of Selectmen may be conducting C.O.R.I and S.O.R.I checks during the application process.

Pending the checks conducted by the Board of Selectmen's Office, Arlington Police Dept. is not aware of any law enforcement or public safety reasons to object to the Common Victualler License for the Sugo Italian Kitchen.

Respectfully Submitted,

Detective Edward DeFrancisco

APPLICANT SECTION

*Rudy Maniscalco*

5/15/15

*"Proactive and Proud"*

**BOARD OF SELECTMEN  
TOWN OF ARLINGTON - INSPECTION REPORT**

Report is due at the Office of the Board of Selectmen by, May 13, 2015  
**ONE REPORT IS REQUIRED FROM EACH DEPARTMENT.**

Location: 162 Mass. Ave.  
Applicant's Name: Josephine Maniscalco  
D/B/A: Sugo Italian Kitchen  
Telephone: 617 227-5051  
Department: Sent E-mail Date: 4/28/15

MEETING DATE: MAY 18, 2015

Inspected By:

**RE: COMMON VICTUALLER**

Police

Fire

Board of Health

Building

Planning

Comments by each Division or Department:

*Inspect and maintain all Fire protection, Exit signs and emergency lights, Testing paperwork to be submitted to AFD.*

**APPLICANT SECTION:**

I have received the above report and acknowledge said inspection. I fully understand that no work is to commence at the premises of the proposed location of which is the subject matter of this inspection report until the license is approved by the Board of Selectmen; furthermore, any work done is done at the applicant's risk.

Applicant's Name: *Josephine Maniscalco*

Date: *5/14/15*





Town of Arlington  
Department of Health and Human Services  
Office of the Board of Health  
27 Maple Street  
Arlington, MA 02476

Tel: (781) 316-3170

Fax: (781) 316-3175

## MEMO

To: Board of Selectment  
From: Natasha Waden, Health Compliance Officer  
Date: May 14, 2015  
RE: Board of Health Comments for Selectmen's Meeting on April 27, 2015:

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Please accept the following as comments from the Office of the Board of Health:

**Sugo- 162 Massachusetts Avenue  
Food Vendor's License**

- *This office is currently reviewing the plan review application that was submitted for Sugo's Italian Kitchen. A letter will be sent to the owner outlining the conditions of approval by the end of the week.*
- *Once the plans have been approved and conditions outlined in the approval letter have been met, this office will conduct a final inspection before a permit to operate a food establishment will be issued.*
- *It is the owner's/manager's responsibility to ensure that the establishment complies with 105 CMR 590.000 (1999 Food Code)*

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**Applicant Section:**

I have received the above report and acknowledge said inspection. I fully understand that no work is to commence at the premises of the proposed location of which is the subject matter of this inspection report until the license is approved by the Board of Selectmen; furthermore, any work done is done at the applicant's risk.

Applicant's Name: Josephine M. MicaelaDate: May 14, 2015

**BOARD OF SELECTMEN  
TOWN OF ARLINGTON - INSPECTION REPORT**

Report is Due at the office of the Board of Selectmen by,  
**ONE REPORT IS REQUIRED FROM EACH DEPARTMENT.**

Location: 162 Mass. Ave.  
Applicants Name: Josephine Maniscalco  
D/B/A: Sugo Italian Kitchen  
Telephone: 617 227-5051  
Department: Sent E-mail

Date: 5/13/2015

Report Filed By: Michael F. Byrne, Director of Inspectional Services  
Arthur F. Rouse, Inspector of Wires  
Kenneth McConnell, Inspector of Plumbing & Gasfitting

Departments:

Re: COMMON VICTUALIER

Fire  
Police  
Board of Health  
Building, Wiring, Plumbing

**Building**

All building changes need permits.

All sign changes need approval and sign permit.

Window signs cannot exceed 25% of window or fines will be levied.

Certificate of Occupancy is needed - \$100 fee.

The Director of Inspectional Services has no objection to the issuance/ renewal of this license as the applicant has been made aware of seating capacity and necessity for showing proof of ownership of sidewalk

**Plumbing**

The Inspector of Plumbing and Gasfitting has no objection to the issuance/ renewal of this license.

All plumbing and Gasfitting work requires that the permits be obtained from this office for their respective trades by licensed contractors.

**Electrical**

The Inspector Wires has no objection to the issuance/ renewal of this license.

The applicant acknowledges that this is a conditional approval of the premises only and is not to be construed as approval by the Inspector of Wires of concealed electrical wiring. Any new wiring must conform to the Mass. Electrical Code. Notify the Inspector of Wires in accordance with Chapter 143, Section 31.

**APPLICANT SECTION:**

I have received the above report and knowledge said inspection. I fully understand that no work is to commence at the premises of the proposed location of which is the subject matter of this inspection report until the license is approved by the Board of Selectmen; furthermore, any work done is done at the applicants risk.

Applicant's Name: Josephine Maniscalco

Date: May 14, 2015



**BOARD OF SELECTMEN  
TOWN OF ARLINGTON - INSPECTION REPORT**

Report is due at the Office of the Board of Selectmen by, May 13, 2015

**ONE REPORT IS REQUIRED FROM EACH DEPARTMENT.**

Location: 162 Mass. Ave  
Applicant's Name: Josephine Maniscalco  
D/B/A: Sugo Italian Kitchen  
Telephone: 617-227-5051 / 857-222-5356

Department: Sent Interoffice Mail & E-mail

Date: 4/28/15

**MEETING DATE: MAY 18, 2015**

Inspected By: *Ted Fields, 5/12/2015*

Departments: **RE: COMMON VICTUALLER**

Police  
Fire  
Board of Health  
Building  
Planning

Comments by each Division or Department: The business proposed for this site is a 1000 square foot restaurant selling Italian cuisine for breakfast, lunch and dinner food for consumption on and off the premises seven days per week. Four (4) staff will be employed. There is proposed seating for 20 patrons with no assigned on-street or off-street parking spaces. It is a small enterprise serving the residential neighborhoods and commercial strip surrounding the Capitol Square business district (zone B3). It is an appropriate type of business for this setting.

The Dept. of Planning and Community Development has no objection to the amendment of the establishment's Common License as requested.

Any changes in signage, including signs in the window, and changes to the façade of the building are subject to review by this department. The applicant is reminded that all signs, including re-lettering of the existing signs require a permit issued by the Building Department. Other provisions of the Zoning Bylaw may apply as determined by the Building Inspector.

---

**APPLICANT SECTION:**

I have received the above report and acknowledge said inspection. I fully understand that no work is to commence at the premises of the proposed location of which is the subject matter of this inspection report until the license is approved by the Board of Selectmen; furthermore, any work done is done at the applicant's risk.

Applicant's Name: *Josephine Maniscalco*

Date: *May 14, 2015*

OFFICE OF THE BOARD OF SELECTMEN  
730 Massachusetts Avenue  
Town of Arlington  
Massachusetts 02476-4908

(781) 316-3020  
(781) 316-3029 fax

\$60.00 Filing Fee

APPLICATION

☒ COMMON VICTUALLER LICENSE

☐ FOOD VENDOR LICENSE (Take Out Only)

You must complete an application packet from the Board of Health Department located at 27 Maple St.

You must have the completed application reviewed by the Inspections Department located at 51 Grove St. before filing this application with this office

Location 162 MASS AVE

Name of Applicant JOSEPHINE MANISCALCO

Corporate Name (if applicable) \_\_\_\_\_

D/B/A SUGO ITALIAN KITCHEN

Date 4/10/15

I/We hereby agree to conform in all respects to the conditions governing such License as printed in the By-Laws of the Town, and such other rules and regulations as the Selectmen may establish. With the signing of this application, the applicant acknowledges that:

(A) it is understood that the Board is not required to grant the license.

(B) no work is to commence at the premises of the proposed location which is the subject matter of this application until the license is approved by the Board of Selectmen, and, furthermore, any work done is done at the applicant's risk, and

(C) in the event of a proposed sale of a business requiring a Common Victualler License, an application for a transfer of said license will be deemed to be an application for a new license (subject to the rules and regulations herein contained), and the owner of such business shall be required to file with the Board of Selectmen a thirty day notice of his intention to sell same before such application will be acted upon by the Selectmen.

(D) that the license is subject to revocation if the holder of the license does not comply with Town By-Laws or the Rules and Regulations of the Board.

Signature Name Josephine Maniscalco

Signature Name \_\_\_\_\_

Phone: 617 227 5051 Email: RUDY5810@GMAIL.COM

Rudy cell: 857-222-5356

Note: (A) If a corporation, state full names and addresses of principal officers.

(B) If a co-partnership, information must be provided on each partner; if a corporation, information must be provided on corporate officer making application.

Name <u>Josephine Maniscalco</u>	Name _____
Address <u>2 N. Bennet Ct.</u>	Address _____
City <u>Boston</u> Zip <u>02113</u>	City _____ Zip _____
DESCRIPTION OF APPLICANT	DESCRIPTION OF APPLICANT
Born in the U.S., Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Born in the U.S., Yes _____ No <input type="checkbox"/>
Born Where <u>Boston</u>	Born Where _____
Date of Naturalization _____	Date of Naturalization _____
Male or Female <u>F</u>	Male or Female _____
Date of birth <u>[REDACTED]</u>	Date of birth _____
Height <u>5</u> ft. <u>4</u> in.	Height _____ ft. _____ in.
Weight <u>155</u>	Weight _____
Complexion <u>white</u>	Complexion _____
Hair <u>Brown</u> Eyes <u>Brown</u>	Hair _____ Eyes _____
Mother's Name <u>Gina Maniscalco</u>	Mother's Name _____
Father's Name <u>Vito Maniscalco</u>	Father's Name _____
Wife's Maiden Name <u>Marazzo</u>	Wife's Maiden Name _____



State as:

☐ Total Number of Partners ☐ Corporation Based in Boston  
to Clerk's Office for Business Certificate)

Required:

President	<u>Josephine Maniscalco</u>	<u>2 N. Bennet Ct</u>	<u>Boston 02113</u>
Secretary	_____	_____	_____
Treasurer	<u>Rudy Maniscalco</u>	<u>2 N. Bennet Ct</u>	<u>Boston 02113</u>
	Name	Address	Zip

## APPLICANT'S RESUME

### Food Business Experience of Applicant

From <u>2005</u>	to <u>2012</u>
Employee <u>Temple Bar</u>	D/B/A _____
Sole Owner _____	Location <u>CAMBRIDGE</u>
Partnership _____	Type Food <u>AMERICAN</u>
Corporation _____	Number of Employees _____

From <u>1988</u>	to <u>2002</u>
Employee <u>Donatello</u>	D/B/A _____
Sole Owner _____	Location <u>SAUGUS MA</u>
Partnership _____	Type Food <u>ITALIAN</u>
Corporation _____	Number of Employees _____

List any other information that you feel will assist in the review of this application.

I HAVE WORKED FOR THE STATE OF MASS (DOR)  
FOR 23 YEARS, AND PART TIME IN RESTAURANTS WITH  
A STRONG KNOWLEDGE OF OPERATIONS AND PROFIT + LOSS.  
WITH HELP FROM MY FAMILY WHO ARE RESTAURANT/HOSPITALITY  
TRAINED, WE FEEL WE CAN BRING A FRESH AND NEW FACE  
IN ARLINGTON.

#### REFERENCES

Bank <u>CENTURY BANK</u>	Type Account <u>Personal</u> <input checked="" type="checkbox"/> Business _____
Address <u>HANOVER ST</u>	Phone _____
Account Number _____	Contact _____
Personal Reference <u>De Torres Dalton</u>	
Address <u>ARNOLD ST STONEHAM</u>	Phone <u>781-279-2848</u>
Prior Employer <u>SELF EMPLOYED</u>	
Address <u>HANOVER ST BOSTON</u>	Phone <u>617-367-1069</u>
Number of years employed <u>30+</u>	From _____ To _____
Contact _____	Position Held <u>ELECTRO/RESIST.</u>
Other _____	

Name

Address

INFORMATION RELATIVE TO APPLICATION

Breakfast \_\_\_\_\_

Yes ☒ No \_\_\_\_\_

Lunch \_\_\_\_\_

Yes ☒ No \_\_\_\_\_

Dinner \_\_\_\_\_

Yes ☒ No \_\_\_\_\_

Do you own the property? Yes \_\_\_\_\_ No ☒ Tenant At Will \_\_\_\_\_ Lease 5 years

Hours of Operation:

Day ~~Monday~~ Monday - Sunday Hours 8 AM - 9 PM Sunday 10 - 4 PM.

Day \_\_\_\_\_

Hours \_\_\_\_\_

Day \_\_\_\_\_

Hours \_\_\_\_\_

Floor Space 1000 Sq. Ft.

Seating Capacity (if any) 20

Parking Capacity (if any) \_\_\_\_\_ spaces

Number of Employees 4

List Cooking Facilities (and implements)

Kitchen consisting of RANGE / GRILL / OVEN COMBO  
FRIGIDOR MICROWAVE.

Will a food scale be in use for sale of items to the public? Yes ☒ No \_\_\_\_\_

Will catering services be provided by you? Yes ☒ No \_\_\_\_\_

*A copy of the following items must be submitted with the application:*

1. Layout Plan of Facility & Fixtures
2. Site Plan (obtained at Bldg. Dept, 51 Grove St.)
3. Outside Facade and Sign Plan (dimensions, color)
4. Menu
5. Maintenance Program

If the facilities are not yet completed, provide estimated cost of work to be done \$ \_\_\_\_\_

FOR OFFICE USE ONLY

Scheduled Hearing when Application will be presented to Board of Selectmen for approval:

Date \_\_\_\_\_ Time \_\_\_\_\_

Board Action: Approved Yes \_\_\_\_\_ No \_\_\_\_\_

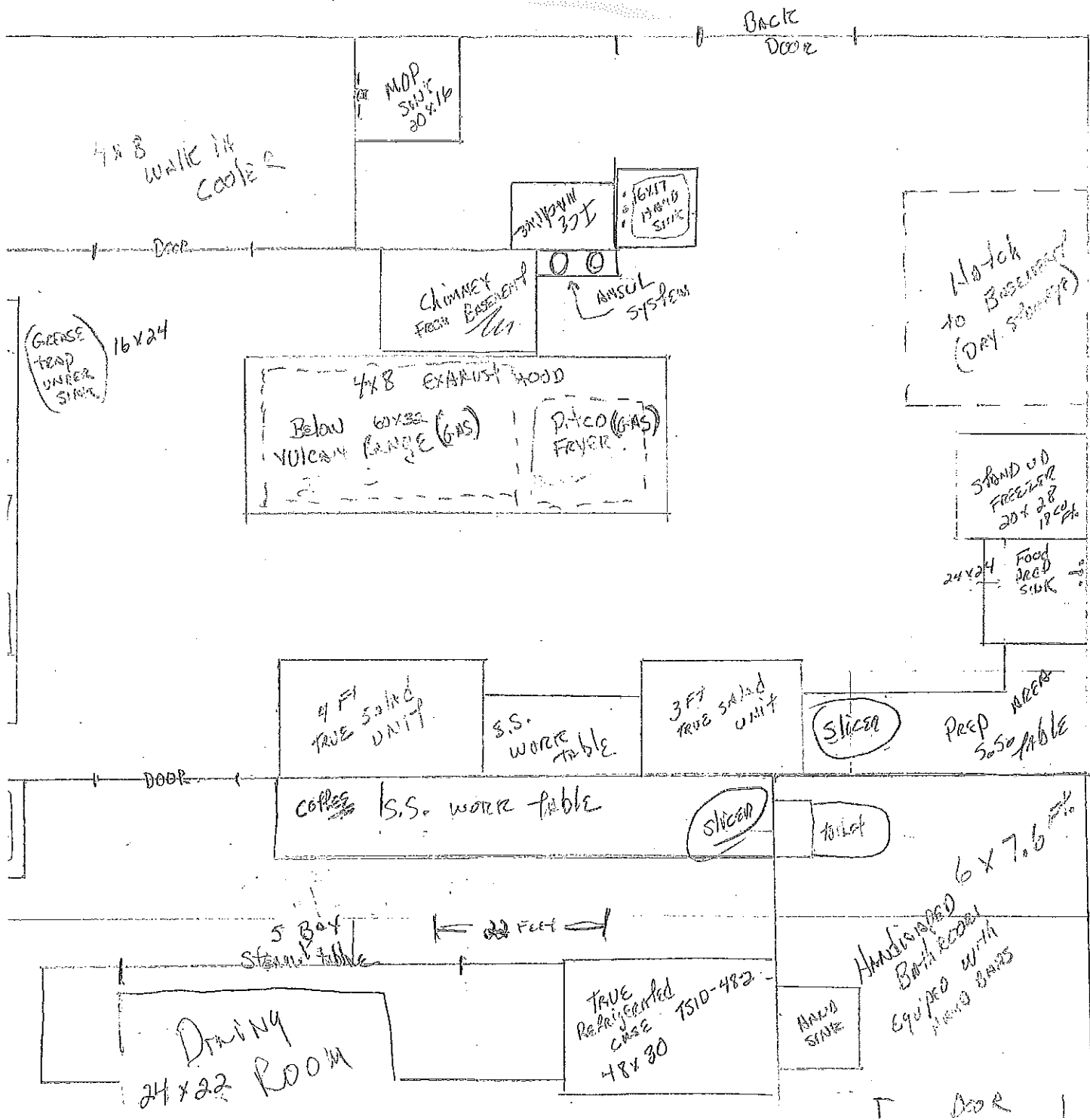




SEE ATTACHED DRAWING FOR KITCHEN ↗

20 SEATS

FRONT DOOR



1/2 S.

## Sugo menu

### Appetizers:

Meatballs (cook to hold in warmer) within 12 hours of service

Chicken wings

White bean dip

Bruschetta

Soup of the day (cook to hold in food warmer) made daily

French fries (house made)

Onion rings (made fresh)

Fried mozzarella (house made)

Sautéed broccoli rabe

Baked ricotta cheese

### Salads:

Mixed greens

Ceaser

Caprese

Red beets and green beans

Arugala

\*(All salads available with grilled chicken or shrimp)

### Classic sandwiches:

Chicken parmesan

Meatball

Eggplant parmesan (pre baked held cold reheated to order) within 12 hours of service

Potato and egg

Italian

\*Sausage and peppers

Prosciutto with fresh mozzarella and roasted peppers

\*Steak and cheese

Grilled cheese

\*Cheese burger

Turkey burger

### Inspired sandwiches:

Italian tuna

\*Roast pork

Turkey

Veggie

Cubano

Chicken salad

Porkbelly

(All sandwiches available in wraps)

Pasta and entrees:

Pasta Bolognese

Baked ziti

Shrimp in garlic cream sauce

Penne with meatball or sausage

Penne amatriciana

Linguine putanesca

Penne arabiata

Shrimp scampi

Shrimp fra diavolo

Penne with chicken and broccoli

Cheese ravioli (frozen to cook) per order

Lasagna (pre- baked chilled and heated per order) within 12 hours of service

Chicken parmesan

Chicken marsala

\*Crispy boneless pork chop

Beef braciola

Breakfast:

\*Breakfast sandwich with choice of bacon, ham, sausage and cheese

\*Breakfast special 2 eggs choice of bacon; ham or sausage with potatoes

\*Gashouse eggs

French toast

Eggs Florentine 2 eggs over Italian toast with prosciutto and cheese sauce

Daily frittata (omelet)

Cold cereal (individual servings)

Oatmeal (individual servings)

\*Fresh fruit cup

Bagel with cream cheese

Fresh muffins

\*consumption of raw or undercooked meat, fish, shellfish, eggs or poultry may result in foodborne illness before placing your order  
please inform your server of any person if a person in your party has a food allergy

All food is cooked to order

Frozen product:

Shrimp  
French fries  
Tirimi su  
Bacon  
Chicken wings  
Shaved steak  
Breakfast steaks  
Green peas  
Turkey burger

Non frozen protein:

10 to 12 cured meats (cold cuts)  
6 to 8 artisanal cheeses  
Chicken  
Ground beef and pork  
Eggs  
Pork-belly

Fresh produce:

Romaine  
Spring mix  
Arugala  
Tomatoes  
Mushroom  
Broccoli rabe  
White and red onion  
Celery  
Carrots  
Spinach  
Green beans  
Iceberg lettuce  
Potatoes  
Cucumber  
Bell pepper  
Shallots  
Garlic  
Assorted fresh herbs  
Eggplant  
Cauliflower  
Cabbage  
Broccoli

All breads and desserts will be from outside vendors

Cleaning and maintenance:

All food prep, holding and cooking surfaces will be cleaned and sanitized once or twice daily

Exhaust hood will be cleaned according to code or more frequent if needed

Grease trap will be cleaned on a bi weekly basis

All countertops floors and fixtures will be swept and cleaned once or twice daily and when needed

Bathroom will be cleaned daily and monitored hourly

All surfaces will be cleaned and dust free daily

Outside areas will be swept and cleaned daily

Basement area will be kept neat and clean daily

Walk in cooler will be kept neat and clean daily

All foods will be in stainless steel or plastic containers all will be covered and labeled

## **Rudolph Maniscalco**

**2 North Bennet Court, Boston, Massachusetts 02113**

**857-222-5356**

**[rudy5810@gmail.com](mailto:rudy5810@gmail.com)**

### ***Objective***

To obtain a General Management position in an atmosphere that will offer growth potential and the opportunity to allow me to contribute my skills and expertise to increase profitability and most importantly customer satisfaction.

### ***Qualifications***

- Over 20 years of dedicated experience in the hospitality industry.
- A *customer-driven* focus with high operating standards.
- Proven success in managing payroll, food and beverage inventories.
- Experienced in all front and back of house positions.
- Above average knowledge of Posi-Touch, Micros, Open Table, Excel, Word, Adobe Illustrator, Outlook and Net Chef.
- Extensive wine, spirit and culinary knowledge.
- Focused attention to detail, able to multi-task and manage stressful situations with tact and professionalism.
- Hosted and organized numerous private, corporate and fund raising events up to 300 guests.

### ***Experience***

**Temple Bar American Bistro, *General Manager*  
Cambridge MA.  
2007 to 2012**

- Managed staff of 45 and maintained low payroll costs.
- Personally supervised daily operations for maximum efficiency and guest satisfaction.
- Conducted daily pre-shift staff meetings providing information on new products, menu updates and service standards.
- Created wine and liquor program conducive to area trends and clientele.
- Worked closely with Executive Chef and vendors to ensure cost effective procurement of fresh local ingredients to maintain high standards of quality and consistency.
- Created inventory control program to gain maximum food and beverage profitability.
- Created and supervised a cost effective preventive maintenance program.
- Managed a competitive social media program and worked closely with our PR firm
- Numerous mentions and accolades: Esquire Magazine, Improper Bostonian, Boston Globe and the New York Times, Harvard University Wine Club Top 10 Wine Lists in Cambridge, TV Diner Platinum plate and awarded first place from Woodford

**Blackfin Chop House, *General Manager***  
**Boston MA**  
**2005 to 2007**

- Managed and maintained food and beverage inventory, controlled costs, designed and created liquor program also managed a 400 bottle wine list.
- Maintained low payroll costs by effective scheduling for a staff of 35 employees.
- Hired and trained wait staff with specific detail to service.
- Hosted successful Wine Dinners, Wine Tastings and Benefits.

**Panera Bread, *General Manager***  
**North Andover MA**  
**2001 to 2004**

- Supervised daily operation of fast paced high volume restaurant.
- Scheduling and placement of 65 employees.
- Managed corporate inventory standards in order to maintain low food costs.
- Working at Panera introduced me to Corporate Structure which I have incorporated into my management style.

**Orzo Café, *General Manager***  
**North Andover MA**  
**1996 to 2001**

- Lead staff of 37.
- Coordinated functions from 20 to 200 customers.
- Responsible for securing the Peoples Choice Awards for Best New Restaurant, Best Wine List and Best Italian Restaurant in the Merrimack Valley.

***Serving Experience***

- Davide, 2yrs
- Ruth's Chris, 2yrs
- Donatello, 9yrs
- Café Escadrille (gourmet room) 4yrs
- Parkers Restaurant (Omni Parker House Hotel) 4yrs

♦ References upon Request ♦

***Education***

- ♦ Serve-Safe and TIPS certified
- ♦ Boston University, Bachelors Degree  
Restaurant Hospitality/Business Management
- ♦ Bunker Hill Community College Hospitality Management Refresher
- ♦ Sommelier Course Hosted by Wine Master Sandy Block
- ♦ Numerous Seminars on wine, spirits, craft beers and service





## **Town of Arlington, Massachusetts**

---

### **Request: Change of Manager - All Alcohol License**

#### **Summary:**

Not Your Average Joe's Inc., 645 Massachusetts Avenue, David Chambers

#### **ATTACHMENTS:**

Type	Description
 Reference Material	ABCC application

# NOT YOUR AVERAGE JOE'S

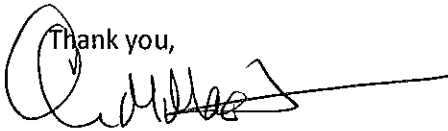
May 7, 2015

Board of Selectman  
Town of Arlington  
730 Mass Avenue  
Arlington, MA 02476

Dear Board,

Enclosed please find the ABCC application to for the change in manager for Not Your Average Joe's located at 645 Mass. Ave. Please let me know if you need any additional information to process this request. I can be reached at [cmacdonald@nyajoes.com](mailto:cmacdonald@nyajoes.com) or 774.213.2949.

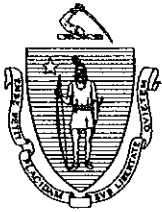
Thank you,



Christine MacDonald

2 GRANITE AVE, SUITE 300  
MILTON, MA 02186  
T 774.213.2800 F 774.213.2899

[WWW.NYAJ.COM](http://WWW.NYAJ.COM)



*The Commonwealth of Massachusetts*  
**Alcoholic Beverages Control Commission**  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

Print Form

**RETAIL ALCOHOLIC BEVERAGES LICENSE APPLICATION  
MONETARY TRANSMITTAL FORM**

**APPLICATION SHOULD BE COMPLETED ON-LINE, PRINTED, SIGNED, AND SUBMITTED TO THE LOCAL  
LICENSING AUTHORITY.**

ECRT CODE: RETA

CHECK PAYABLE TO ABCC OR COMMONWEALTH OF MA: \$200.00

(CHECK MUST DENOTE THE NAME OF THE LICENSEE CORPORATION, LLC, PARTNERSHIP, OR INDIVIDUAL)

CHECK NUMBER

198001

IF USED EPAY, CONFIRMATION NUMBER

A.B.C.C. LICENSE NUMBER (IF AN EXISTING LICENSEE, CAN BE OBTAINED FROM THE CITY)

003000025

LICENSEE NAME

Not Your Average Joe's

ADDRESS

645 Mass Avenue

CITY/TOWN

Arlington

STATE

MA

ZIP CODE

02476

**TRANSACTION TYPE (Please check all relevant transactions):**

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Alteration of Licensed Premises | <input type="checkbox"/> Cordials/Liqueurs Permit       | <input type="checkbox"/> New Officer/Director | <input type="checkbox"/> Transfer of License        |
| <input type="checkbox"/> Change Corporate Name           | <input type="checkbox"/> Issuance of Stock              | <input type="checkbox"/> New Stockholder      | <input type="checkbox"/> Transfer of Stock          |
| <input type="checkbox"/> Change of License Type          | <input type="checkbox"/> Management/Operating Agreement | <input type="checkbox"/> Pledge of Stock      | <input type="checkbox"/> Wine & Malt to All Alcohol |
| <input type="checkbox"/> Change of Location              | <input type="checkbox"/> More than (3) \$15             | <input type="checkbox"/> Pledge of License    | <input type="checkbox"/> 6-Day to 7-Day License     |
| <input checked="" type="checkbox"/> Change of Manager    | <input type="checkbox"/> New License                    | <input type="checkbox"/> Seasonal to Annual   |   |
| <input type="checkbox"/> Other                           | <input type="text"/>                                    |   |   |

**THE LOCAL LICENSING AUTHORITY MUST MAIL THIS TRANSMITTAL FORM ALONG WITH THE  
CHECK, COMPLETED APPLICATION, AND SUPPORTING DOCUMENTS TO:**

**ALCOHOLIC BEVERAGES CONTROL COMMISSION  
P. O. BOX 3396  
BOSTON, MA 02241-3396**



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
*239 Causeway Street*  
*Boston, MA 02114*  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**PETITION FOR CHANGE OF LICENSE**

003000025

ABCC License Number

Arlington

City/Town

The licensee Not Your Average Joe's respectfully petitions the Licensing Authorities to approve the following transactions:

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Change of Manager                                    | <input type="checkbox"/> Alteration of Premises |
| <input type="checkbox"/> Pledge of License/Stock   | <input type="checkbox"/> Cordial & Liqueurs     |
| <input type="checkbox"/> Change of Corporate Name/DBA                                    | <input type="checkbox"/> Change of Location     |
| <input type="checkbox"/> Change of License Type (\$12 ONLY, e.g. "club" to "restaurant") |   |

☒ Change of Manager

Last-Approved Manager:

Peter Louine

Requested New Manager:

David Chambers

☐ Pledge of License /Stock

Loan Principal Amount: \$

Interest Rate:

Payment Term:

Lender:

☐ Change of Corporate Name/DBA

Last-Approved Corporate Name/DBA:

Requested New Corporate Name/DBA:

☐ Change of License Type

Last-Approved License Type:

Requested New License Type:

☐ Alteration of Premises: (must fill out attached financial information form)

Description of Alteration:

☐ Change of Location: (must fill out attached financial information form)

Last-Approved Location:

Requested New Location:

Signature of Licensee

[Signature]

(If a Corporation/LLC, by its authorized representative)

Date Signed



*The Commonwealth of Massachusetts*  
**Alcoholic Beverages Control Commission**  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**PERSONAL INFORMATION FORM**

Each individual listed in Section 10 of this application must complete this form.

**1. LICENSEE INFORMATION:**

A. Legal Name of Licensee	Not Your Average Joe's Inc	B. Business Name (dba)	Not Your Average Joe's		
C. Address	645 Mass Avenue	D. ABCC License Number (If existing licensee)	003000025		
E. City/Town	Arlington	State	MA	Zip Code	02476
F. Phone Number of Premise	781.643.1666	G. EIN of License	04-3461276		

**2. PERSONAL INFORMATION:**

A. Individual Name	David Chambers	B. Home Phone Number	774.424.0414		
C. Address	143 Water Street				
D. City/Town	Framingham	State	MA	Zip Code	01701
E. Social Security Number	[REDACTED]	F. Date of Birth	[REDACTED]		
G. Place of Employment	Not Your Average Joe's, 2 Granite Avenue, Suite 300, Milton, MA 02186				

**3. BACKGROUND INFORMATION:**

Have you ever been convicted of a state, federal or military crime?

Yes ☐ No ☒

If yes, as part of the application process, the individual must attach an affidavit as to any and all convictions. The affidavit must include the city and state where the charges occurred as well as the disposition of the convictions.

**4. FINANCIAL INTEREST:**

Provide a detailed description of your direct or indirect, beneficial or financial interest in this license.

NONE

**IMPORTANT ATTACHMENTS (8):** For all cash contributions, attach last (3) months of bank statements for the source(s) of this cash.

\*If additional space is needed, please use the last page

I hereby swear under the pains and penalties of perjury that the information I have provided in this application is true and accurate:

Signature

David Chambers

Date

4/7/15

Title

General Manager

(If Corporation/LLC Representative)



Commonwealth of Massachusetts  
Alcoholic Beverages Control Commission  
239 Causeway Street, First Floor  
Boston, MA 02114

STEVEN GROSSMAN  
TREASURER AND RECEIVER GENERAL

CORI REQUEST FORM

KIM S. GAINSBORO, ESQ.  
CHAIRMAN

The Alcoholic Beverages Control Commission has been certified by the Criminal History Systems Board to access conviction and pending Criminal Offender Record Information. For the purpose of approving each shareholder, owner, licensee or applicant for an alcoholic beverages license, I understand that a criminal record check will be conducted on me, pursuant to the above. The information below is correct to the best of my knowledge.

ABCC LICENSE INFORMATION

ABCC NUMBER: (IF EXISTING LICENSEE)	3000025	LICENSEE NAME:	Not Your Average Joe's	CITY/TOWN:	Arlington
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APPLICANT INFORMATION

LAST NAME:	Chambers	FIRST NAME:	David	MIDDLE NAME:	Allen			
MAIDEN NAME OR ALIAS (IF APPLICABLE):		PLACE OF BIRTH:	Prescott, AZ					
DATE OF BIRTH:		SSN:		ID THEFT INDEX PIN (IF APPLICABLE):				
MOTHER'S MAIDEN NAME:	Meyer	DRIVER'S LICENSE #:		STATE LIC. ISSUED:	Massachusetts			
GENDER:	MALE	HEIGHT:	5	9	WEIGHT:	240	EYE COLOR:	Blue
CURRENT ADDRESS:	143 Water Street							
CITY/TOWN:	Framingham	STATE:	MA	ZIP:	01701			
FORMER ADDRESS:	14 Derby Road							
CITY/TOWN:	Watertown	STATE:	MA	ZIP:	02472			

PRINT AND SIGN

PRINTED NAME:	David Chambers	APPLICANT/EMPLOYEE SIGNATURE:	<i>David Chambers</i>
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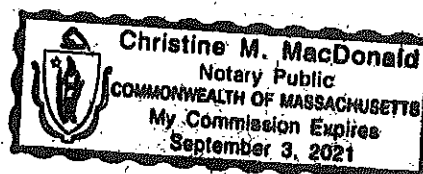
NOTARY INFORMATION

On this	4.7.15	before me, the undersigned notary public, personally appeared	David Chambers
(name of document signer), proved to me through satisfactory evidence of identification, which were			
personal knowledge			
to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.			
<i>[Signature]</i>			
NOTARY			

DIVISION USE ONLY

REQUESTED BY:	
SIGNATURE OF CORI AUTHORIZED EMPLOYEE	

The DCJ Identify Theft Index PIN Number is to be completed by those applicants that have been issued an Identify Theft PIN Number by the DCJ. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process. ALL CORI request forms that include this field are required to be submitted to the DCJ via mail or by fax to (617) 660-4614.





*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
*239 Causeway Street*  
*Boston, MA 02114*  
*[www.mass.gov/abcc](http://www.mass.gov/abcc)*

**MANAGER APPLICATION**

All proposed managers are required to complete a **Personal Information Form**,  
and attach a copy of the corporate vote authorizing this action and appointing a manager.

**1. LICENSEE INFORMATION:**

Legal Name of Licensee:	Not Your Average Joe's Inc	Business Name (dba):	Not Your Average Joe's
Address:	645 Mass Avenue		
City/Town:	Arlington	State:	MA Zip Code: 02476
ABCC License Number: (If existing licensee)	003000025	Phone Number of Premise:	781.643.1666

**2. MANAGER INFORMATION:**

A. Name:	David Chambers	B. Cell Phone Number:	774.424.0414
C. List the number of hours per week you will spend on the licensed premises:	50+		

**3. CITIZENSHIP INFORMATION:**

A. Are you a U.S. Citizen:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	B. Date of Naturalization:		C. Court of Naturalization:	
(Submit proof of citizenship and/or naturalization such as U.S. Passport, Voter's Certificate, Birth Certificate or Naturalization Papers)					

**4. BACKGROUND INFORMATION:**

A. Do you now, or have you ever, held any direct or indirect, beneficial or financial interest in a license to sell alcoholic beverages?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes, please describe: <input type="text"/>	
B. Have you ever been the Manager of Record of a license to sell alcoholic beverages that has been suspended, revoked or cancelled?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes, please describe: <input type="text"/>	
C. Have you ever been the Manager of Record of a license that was issued by this Commission?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If yes, please describe: <input type="text"/>	
General Manager, Legal Sea Foods, Burlington, MA 2007-2010	
D. Please list your employment for the past ten years (Dates, Position, Employer, Address and Telephone):	
<input type="text"/>	
See Resume Attached	

I hereby swear under the pains and penalties of perjury that the information I have provided in this application is true and accurate:

Signature  Date

# **RESUME OF QUALIFICATIONS**

**David A. Chambers**

**April 08, 2015**

143 Water St. ♦ Framingham, Massachusetts 01701 ♦ cell (774) 424-0414

Email: acdchambers@verizon.net

## **PROFESSIONAL EXPERIENCE**

### **NOT YOUR AVERAGE JOE'S, Arlington, MA GENERAL MANAGER**

**10/14-Current**

- Responsible for all aspects of the restaurant's operations, including sales building, improved customer relations/experience and execution of consistency in all areas of service, both in house, and through social media vehicles.
- Directly responsible for coaching and development of staff through monitoring and reinforcement of procedural expectations

### **UNITED PARCEL SERVICE, Ashland, MA PRE-LOAD SUPERVISOR**

**11/12 – 10/14**

- Responsible for Sort Operations including the unloading, sorting and reloading all incoming freight onto package cars for days delivery, ensuring all packages are on correct vehicles for established routes.
- Ensure staff is trained and educated regarding safety and its' application in the workplace, and following the correct procedures during the sort process.
- Conduct audits in all package cars, making sure packages are on correct vehicles and loaded for maximum efficiency allowing drivers to deliver in a safe productive manner.

### **DCICS, Framingham, MA OWNER / OPERATOR**

**01/11-10/14**

- Responsible for pick-up and delivery of various products from a multitude of vendors through-out New England, providing professional and courteous customer service.
- Structure routes in an economical, efficient manner controlling overhead and expenditures.

### **LEGAL SEA FOODS, Boston, MA GENERAL MANAGER**

**01/07-11/10**

- Responsible for all aspects of restaurant operations, including sales building and execution of company standards.
- Directly responsible for on-site management's coaching and development.
- Responsible for all facility improvements, maintaining budgets, financial planning and customer relations.
- Consistently maintained above-par financial health of the restaurant while achieving growth of year on year sales in all quarters.

### **NOT YOUR AVERAGE JOE'S, Watertown, MA GENERAL MANAGER**

**10/03-01/07**

- Responsible for regional training of new management recruits involved in all areas of the restaurants.
- Responsible for all aspects of the restaurant's operations, including sales building, improved customer relations/experience and execution of consistency in all areas of service.
- Directly responsible for on-site management's coaching and development.



**McCORMICK & SCHMICKS, Boston, MA**  
**RESTAURANT MANAGER**

**06/02-10/03**

- Responsible for recruiting, hiring, training and scheduling the service staff.
- Responsible for ordering, inventory, and controlling beverage cost.
- Responsible for managing day-to-day operations as set forth by corporate standard policies.

**CHEVYS' FRESH MEX, Saugus, MA**  
**GENERAL MANAGER**

**02/01-06/02**

- Responsible for all aspects of the restaurants operations, including sales building and policy execution.
- Directly responsible for management coaching and development.
- Analyze and create a complete budget and operational plan for the fiscal year in order to maintain consistency and foster sales growth.

**DECLERCK ENTERPRISES, (d.b.a.) CHEVYS' & TACO BELL, Yreka, CA**  
**DIRECTOR OF OPERATIONS**

**8/00-2/01**

- Directly responsible for the operations of two concepts including seven restaurants in two states.
- Set up and monitored regional systems for the General Managers to improve standards and maintain consistency.

**UNITED PARCEL SERVICE, Fort Collins, CO**  
**PACKAGE DRIVER**

**3/95– 7/00**

- Deliver business and residential packages throughout area.
- Sort and arrange stops in an organized and efficient manner to ensure a safe productive workday.

**COLUMBIA BASIN PIZZA HUT, INC., Yakima, WA**  
**AREA DIRECTOR OF OPERATIONS**

**5/91 - 7/94**

- Directly responsible for management development and full scale operations for five restaurants.
- Planned, developed, and monitored operations including all financial aspects such as profitability, sales, building, and reporting.
- Prepared yearly budgets and analyzed P&L statements in each unit. Held the General Managers accountable for facts at periodic business review meetings.
- Core instructor for regional management training for all entry-level management.
- Interviewed and recruited management associates.

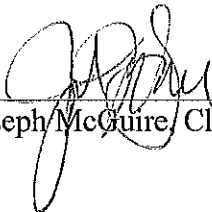
- REFERENCES FURNISHED UPON REQUEST

**NOT YOUR AVERAGE JOE'S, INC.  
CLERK'S CERTIFICATE**

I, **Joseph McGuire, Clerk of Not Your Average Joe's, Inc.**, a Delaware corporation authorized to do business in the Commonwealth of Massachusetts (the "Corporation") having a usual place of business in Middleboro, Massachusetts, hereby certify that I have custody of its corporate record, and that the following is a true copy of a vote passed by the Board of Directors with a resolution that was adopted as follows:

**RESOLVED:** That the manager of the Arlington, MA restaurant for the purpose of the Company's liquor license is changed from Peter Lowre to David Chambers.

IN WITNESS WHEREOF, I hereunto subscribe my name as Clerk this 29th day of April, 2015.

  
\_\_\_\_\_  
Joseph McGuire, Clerk



## Town of Arlington, Massachusetts

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### Approval: Outside Cafe Policy

#### Summary:

Douglas W. Heim, Town Counsel

#### ATTACHMENTS:

Type	Description
 Reference Material	Draft Sidewalk Cafe Permit Application

## Sidewalk Café Permit Application - Town of Arlington, MA

This is an application to the Board of Selectmen of the Town of Arlington Massachusetts, for a permit to place and maintain a Sidewalk Café (an outside seating area for licensed restaurants) on the public right of way in Arlington, Massachusetts described below:

### (PLEASE TYPE OR PRINT)

Business Name:

Length of Storefront (ft):

Business Address/Location:

Width of Sidewalk along Storefront (ft); \*1:

Phone Number/Email:

Length of Proposed Sidewalk Café (ft):

Business Representative's Name:

Width of Proposed Sidewalk Café (ft); \*2:

Name & Address of Building Owner:

*\*1: Measure from front Building Wall to inside of sidewalk granite curb edge.*

*\*2: Measure from front Building Wall to outside of Sidewalk Café surrounding border fencing/barrier.*

### Application Submittal Requirements:

- 1.) Fee: An annual permit fee of **\$50.00** payable to the Town of Arlington filed with the Town Clerk.
- 2.) Site Plan: Furnish a **Site Plan** (scale diagram) showing the location of tables, chairs, umbrellas, trash receptacles, heaters, barricades, as well as a **picture or photograph of the proposed furniture** in compliance with the following requirements:
- No person or entity shall cause to be placed within the public ways any furniture without applying for a permit and receiving approval from the Board of Selectmen of the Town. This permit shall be considered separate and distinct from others issued by the Town, including those for common victuallers.
  - Ordinarily, the location of the sidewalk café must be directly in front of the business operating the café, and may not extend beyond the side property lines. It shall be sited as close to the building façade as practicable and in no event to exceed twelve (12) feet from the food service door of the establishment.
    - Under limited circumstances, sidewalk café areas may be approved adjacent to a storefront, grouped at a distance from the storefronts, or allowed in both positions if a scaled plan showing dimensions clearly establishes:
      - a) The requested location(s) create the least obstruction for pedestrian access to storefronts, crosswalks and pedestrian circulation, and/or

- b) the location does not extend substantially beyond the side edges of the business (allowing for up to 10 feet of latitude where landscaping, public facilities, utility poles or adjacent seating areas obstruct the front of the business premises), and/or
  - c) no more than 256 square feet of the public way would be cordoned off for establishments serving liquor unless the Board determines from the scaled site plan (with dimensions shown) and photos that additional square footage for outdoor seating would not leave less than 36" to the nearest barrier, would not impede circulation, and would not preclude other allowed desirable uses for the public space, and
  - d) in every case, the additional seating does not violate zoning, building, or other code as determined by the Director of Inspectional Services.
- Further, Tables, chairs, benches, food equipment shall be located so that they do not impede, endanger or interfere with pedestrian traffic, with a minimum width of three (3) feet and a recommended width of four (4) feet of unobstructed passage for pedestrian traffic.
  - In addition, no sidewalk café furniture shall be affixed, erected, installed, placed, used or maintained **within five (5) feet** of any marked or unmarked crosswalk or handicapped ramp; or within five (5) feet of any fire hydrant, fire lane, call box, or bus stop.
  - Unlicensed furniture within the public ways of the Town will be subject to removal with the cost thereof to be borne entirely by the owner. In addition, fines may be imposed by the Board of Selectmen not to exceed \$100 for removal, storage or destruction.
  - No fixtures or devices on which food or beverages are sold or consumed shall be attached to the sidewalk or other public area. The property owner is responsible for the restoration of the sidewalk or public-right-of-way if any damage is caused by the sidewalk café. Physical barriers bordering/framing a sidewalk café may not exceed four (4) feet in height.
  - Lighting for sidewalk cafes is subject to approval during the permitting process. Tabletop lighting may include candles and battery-operated fixtures.
  - Well-designed physical barricades surrounding/framing sidewalk cafés are **strongly encouraged**.

3.) **Insurance:** The applicant restaurant-owner shall furnish a **certificate of insurance** providing commercial insurance coverage for bodily injury, death, disability, and property damage liability in the following amounts:

- **At least \$1,000,000 per occurrence and \$3,000,000 annual aggregate for any restaurant serving alcohol as part of its use of sidewalk café space; or**

- At least \$300,000 per occurrence and \$900,000 annual aggregate for restaurants which are either not licensed to serve alcohol or restaurants which attest that they will not serve alcohol as part of their use of sidewalk café space.

The Town of Arlington shall be named as an additional insured on a primary, noncontributory basis for any liability arising directly or indirectly from the operation of a sidewalk café. In the event the insurance is cancelled, the permit holder has 24 hours to reinstate the insurance or the permit shall be revoked. The permit holder shall immediately inform the Town Clerk if insurance under this provision is revoked and shall not operate the sidewalk café until insurance is restated in accordance with this requirement. An insurance certificate naming the Town as an additional insured must be provided to the Office of the Board of Selectmen before any Sidewalk Café/Outdoor Seating Area will be issued.

4.) Indemnification and Acknowledgement of Rights: The applicant restaurant-owner shall also furnish a signed agreement to indemnify the Town of Arlington for its use of public property as a sidewalk café/outdoor seating from any and all claims that may be brought against the Town in connection with such use. Such a signed agreement shall also acknowledge the Town's rights with respect to its property and the limitations of the permit (attached hereto).

5.) Compliance Requirements: By signing this application, the Applicant agrees to accept and comply with the following requirements:

- All services provided to sidewalk café customer and customer activity must occur within the designated sidewalk café area.
- Permit holder is responsible for proper supervision of the sidewalk café in order to ensure the requirements of this section are met.
- Permit holders must ensure that the requirements for operation are met. These include:
  - Patrons must wear shoes and shirts at all times.
  - All sidewalk cafes must maintain at least one opening for ingress and egress at all times. All sidewalk cafes shall abide by all requirements of the currently adopted International Building Code and the American's with Disabilities Act.
  - To the extent applicable, sidewalk cafes must adhere to all regulations pertaining to food and beverage enforced by the Board of Health and Board of Selectmen.
  - All areas within and surrounding a sidewalk café must be maintained in a clean, neat, and sanitary condition.
  - All permit holders shall be required to abide by all federal, state, and local laws.

6.) Other Regulations: By receiving a sidewalk café/outdoor seating permit, restaurants are not exempted from other federal, state, and local laws and regulations. Among other regulations, permit holders must comply with local zoning and state building code requirements and Board of Selectmen alcohol service regulations. Applicants are strongly advised to ensure their plans comply with zoning and state building requirements by contacting Inspectional Services.

7.) Revocation: The sidewalk café permit may be revoked for failure to maintain the standards required for the initial permit. A notice of intent to revoke a sidewalk café permit shall be given in writing 10-days prior to actual revocation

and shall specify the area or areas of failure to meet requirements and maintain conditions the Town may have imposed. If, during that period, proof of compliance is made to the satisfaction of designated Town Inspectors by the holder of the permit, the permit shall be continued in force.

- Applicant certifies that all current property taxes due on its licensed premises are paid if property is owned by the Applicant.
- Applicant agrees to permit the Town to periodically verify the accuracy of information contained in this Application and agrees to provide information requested to verify the accuracy of the information and the Certifications contained in this Application.

8.) Term & Non-Transferability: Each Sidewalk Café Permit is valid for one calendar year from the date of issuance and is non-transferable.

**I have read and fully understand the above rules and regulations applying to the approval of this permit.**

Dated \_\_\_\_\_, 20\_\_\_\_ By: \_\_\_\_\_  
(Signature)

(Print Name & Address) \_\_\_\_\_

OFFICE OF THE BOARD OF SELECTMEN



TOWN OF ARLINGTON

**SIDEWALK CAFÉ INDEMNIFICATION AGREEMENT & ACKNOWLEDGEMENT**

On behalf of the business applying for a Sidewalk Café (Outdoor Seating) license from the Town of Arlington Board of Selectmen, I, as a duly authorized agent of \_\_\_\_\_, a licensed restaurant operating within the Town of Arlington, acknowledge that I seek permission to use a portion of the public sidewalk in front of (or where permitted, adjacent to) the business premises to operate a sidewalk café/outdoor seating area. I understand that a Sidewalk Café permit does not give my business any right, title, or interest in any part of the sidewalk space approved for use.

Furthermore, I, as a duly authorized agent of \_\_\_\_\_, agree to hold harmless the Town of Arlington, its officers and employees, for any loss or damage arising from the use of the public sidewalk or the discontinuance of use resulting from an order, demand, or notice of any governmental agency with jurisdiction.

I understand that Board of Selectmen and/or any government agency with jurisdiction may revoke my permit to use public sidewalk space at any time for any reason whatsoever. The permit can be revoked for failure to comply with any terms and conditions of the permit or any agreements between my business and the Town of Arlington or for violation of any of the rules and regulations enforced by Board of Selectmen, the Department of Inspectional Services, the Police Department, or the Board of Health. I understand there will be no refund of any fees or compensation paid to the Town of Arlington.

I further agree to promptly remove any property placed on the sidewalk space or reimburse the Town of Arlington for the cost of moving my business' property upon receipt of any written notice, demand, or order to vacate the sidewalk space from a governmental agency with jurisdiction.

I certify that I have read and agree with the terms and conditions outlined both here and within the Sidewalk Café Permit Application.

Signature

Date





## Town of Arlington, Massachusetts

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### Discussion and Vote: Special Alcohol License

#### Summary:

Kevin F. Greeley, Chair  
(tabled from 4/13/15 meeting)

#### ATTACHMENTS:

Type	Description
☐ Reference Material	Summary of Changes
☐ Reference Material	Draft Special License Policy and Application
☐ Reference Material	Draft Regent Theatre Policy and Application
☐ Reference Material	Draft All Alcohol License
☐ Reference Material	Draft Wine & Malt License

**Changes to the 'one day' policy and application are the following:**

- 1. Name changed from 'Special One Day License' to 'Special Alcohol License'**
- 2. All events on Town Property require a 'Special Alcohol License'**
- 3. Fee structure to become \$50 for day one, \$25 for each consecutive additional day**
- 4. Change in license to include alcohol delivery date, pick-up date, and alcohol serving time.**

## OFFICE OF THE BOARD OF SELECTMEN



TOWN OF ARLINGTON  
MASSACHUSETTS 02476-4908

### SPECIAL ALCOHOL LICENSE POLICY & APPLICATION

APPROVED: 6/7/10

REVISED: 4/30/12

REVISED:

1. A Special License for the sale of all alcoholic beverages may be granted to the responsible manager of any non-profit organization conducting any indoor or outdoor activity or enterprise.
2. A Special License for the sale of wine and malt beverages only, or either of them, may be granted to the responsible manager of any indoor or outdoor activity or enterprise.
3. Sale and consumption are limited to inside of the premises. Unless otherwise voted by the Board of Selectmen ("Board"), outside consumption is prohibited. If allowed by Board vote, outdoor sale and consumption may occur only in a defined outside area away from public ways.
4. All events on Town property require a Special License.
5. Consistent with Section 14 of Massachusetts General Laws Chapter 138, a responsible manager and alternate should be named by the organization, one of whom shall be on the premises at all times during the day(s) in question. The responsible manager must be at least 21 years of age. The name(s) and 24-hour contact information shall be on file with the Office of the Board of Selectmen and Police Services Division.
6. The Local Licensing Authority (Board of Selectmen) may impose reasonable conditions and limitations on any Special License that is granted, including but not limited to the hours of operation and the presence of a police detail(s).
7. **Security.** The applicant must present a security plan to the Arlington Police Department before filing this application. This security plan must include provisions for crowd control, dealing with unruly patrons, emergency evacuations, traffic/parking considerations, and controlling access to alcohol by under aged persons. Unless circumstances warrant otherwise, the security plan will require one police officer for an event that 150 people are expected to attend and two officers for an event that 300 or more people are expected to attend. *The Chief of Police, Operations Commander, or their designee must sign off on this application as to the security plan for the event **before** the application is filed with the Board of Selectmen.* Moreover, applicants must demonstrate

that people who will be serving alcoholic beverages are at least 21 years of age and that at least one person who will be staffing each point of service of alcoholic beverages has certification in TIPS or comparable safety training.

8. Unless otherwise voted by the Board of Selectmen, each Special License shall cover a single activity or enterprise.
  - a. A Special License generally is granted for a single event only. The Special License may be granted for more than one day at a time **only** if the activity or enterprise spans more than one day.
  - b. The fee for a Special License shall be charged on a per-day basis, \$50.00 for day one and \$25.00 for each additional consecutive day.
9. The Board reserves the right to decline to consider any application filed later than 21 days before the proposed event. The Board may require the filing of references by the applicant at its discretion.
10. Organizers of any event requiring a Special Alcohol License must comply with state statutory and regulatory requirements, which can be found on the website of the Alcoholic Beverages Control Commission: [WWW.MASS.GOV/ABCC](http://WWW.MASS.GOV/ABCC). See Chapter 138, Section 14, of the Massachusetts General Laws and 204 C.M.R. 7.00. If necessary, organizers should consult private counsel to ensure compliance with these legal requirements.

OFFICE OF THE BOARD OF SELECTMEN



TOWN OF ARLINGTON  
MASSACHUSETTS 02476-4908

**SPECIAL ALCOHOL LICENSE APPLICATION**

Name of Applicant: \_\_\_\_\_

Address, phone & e-mail contact information: \_\_\_\_\_  
\_\_\_\_\_

Name & address of Organization for which license is sought: \_\_\_\_\_  
\_\_\_\_\_

Does this Organization hold nonprofit status under the IRS Code? \_\_\_\_ Yes \_\_\_\_ No

Name of Responsible Manager of Organization (if different from above):  
\_\_\_\_\_

Address, phone & e-mail contact information: \_\_\_\_\_  
\_\_\_\_\_

Has the Applicant or Organization applied for and/or been granted a special liquor license this  
calendar year? \_\_\_\_ If so, please give date(s) of Special Licenses and/or applications and title  
of event(s). \_\_\_\_\_  
\_\_\_\_\_

Is this event an annual or regular event? If so, when was the last time this event was held and at what  
location?  
\_\_\_\_\_

24-Hour contact number for Responsible Manager on Event date: \_\_\_\_\_

Title of Event: \_\_\_\_\_

Date/time of Event: \_\_\_\_\_

Location of Event: \_\_\_\_\_

Location/Event Coordinator: \_\_\_\_\_

Method(s) of invitation/publicity for Event: \_\_\_\_\_

Number of people expected to attend: \_\_\_\_\_

Expected admission/ticket prices: \_\_\_\_\_

Expected prices for food and beverages (alcoholic and non-alcoholic): \_\_\_\_\_

Will persons under age 21 be on premises? \_\_\_\_\_

If "yes," please detail plan to prevent access of minors to alcoholic beverages. \_\_\_\_\_

Have you consulted with the Department of Police Services about your security plan for the Event? \_\_\_\_\_

*For Police Chief, Operations Commander, or designee:*

Your signature below indicates that you have discussed this event with the applicant, you have reviewed the applicant's security plan, and any necessary police details have been arranged for the Event.

\_\_\_\_\_ date \_\_\_\_\_

\_\_\_\_\_  
*Printed name/title*

POLICE COMMENTS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What types of alcoholic beverages do you plan to serve at the Event? (Note: By State Law, all-alcohol Special Licenses are available only to nonprofit organizations.)

\_\_\_\_\_

What types of food and non-alcoholic beverages do you plan to serve at the Event? \_\_\_\_\_

\_\_\_\_\_

Who will be responsible for serving alcoholic beverages at the Event? \_\_\_\_\_

\_\_\_\_\_

What training or certification in responsible alcohol service does this person have? Please attach certificate or other proof of training for at least one person who will have responsibility for serving alcoholic beverages at each point of service and who will be present for the entire Event.

\_\_\_\_\_

\_\_\_\_\_



Please list the names and dates of birth for all people who will be responsible for serving alcoholic beverages at the Event. Anyone serving alcoholic beverages must be at least 21 years of age.

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Name of the Massachusetts wholesaler who will deliver to site? (Full supplier list available on the ABCC website: [www.mass.gov/abcc](http://www.mass.gov/abcc)) \_\_\_\_\_

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Date of Delivery: \_\_\_\_\_

Alcohol Serving Time (s): \_\_\_\_\_

---

How, when, and by whom will excess alcoholic beverages obtained for the Event be disposed of?

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---

Date of Pick-Up: \_\_\_\_\_

Please provide details (insurance company, type of policy, name of insured, and policy limits) of any relevant insurance coverage for the Event, included but not limited to General Liability and Liquor Liability insurance. (You may be asked to supply a certificate or other proof of adequate insurance coverage.) \_\_\_\_\_

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**Please submit this completed form and filing fee to the Board of Selectmen  
at least 21 days before your Event. Failure to provide complete  
information may delay the processing of your application.**

**I HAVE READ AND UNDERSTAND ALL RULES AND REGULATIONS:**

Signature: \_\_\_\_\_

Printed name: \_\_\_\_\_

Printed title & Organization name: \_\_\_\_\_

Email: \_\_\_\_\_

# OFFICE OF THE BOARD OF SELECTMEN



TOWN OF ARLINGTON  
MASSACHUSETTS 02476-4908

APPROVED: 6/7/10

REVISED: 4/30/12

REVISED:

## **REGENT THEATRE SPECIAL ALCOHOL LICENSE APPLICATION PACKET/INSTRUCTIONS:**

- Organizers of any event requiring a Special Alcohol License must comply with the Town of Arlington rules and regulations and both the relevant statutory and regulatory requirements, which can be found on the website of the Alcoholic Beverages Control Commission.  
See <http://www.mass.gov/abcc/administration>.  
If necessary, organizers should consult private counsel to ensure compliance with these legal requirements.
- Event Organizers must complete and submit a **Special Alcohol License Application Packet** to the Regent Theatre for each event (see below).
- The **Regent Theatre must file the paperwork** with the Selectmen's Office 21 days before the proposed event along with the per-day fee of \$50.00 for day one and \$25.00 for each additional consecutive day.
- The ABCC shall permit no more than a total of 30 days of a Special License per calendar year.
- The Selectmen's Office will contact the Regent Theatre *if* the license event is disapproved at the below address:  
**REGENT CONTACT NAME & ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_
- Upon approval, the Selectmen's Office will send the Special License along with any other terms and conditions set forth by the Selectmen to the Regent Theatre.



# OFFICE OF THE BOARD OF SELECTMEN



TOWN OF ARLINGTON  
MASSACHUSETTS 02476-4908

## SPECIAL ALCOHOL LICENSE POLICY & APPLICATION

APPROVED: 6/7/10  
REVISED: 4/30/12  
REVISED:

1. A Special License for the sale of all alcoholic beverages may be granted to the responsible manager of any non-profit organization conducting any indoor or outdoor activity or enterprise.
2. A Special License for the sale of wine and malt beverages only, or either of them, may be granted to the responsible manager of any indoor or outdoor activity or enterprise.
3. Sale and consumption are limited to inside of the premises. Unless otherwise voted by the Board of Selectmen ("Board"), outside consumption is prohibited. If allowed by Board vote, outdoor sale and consumption may occur only in a defined outside area away from public ways.
4. All events on Town property require a Special License.
5. Consistent with Section 14 of Massachusetts General Laws Chapter 138, a responsible manager and alternate should be named by the organization, one of whom shall be on the premises at all times during the day(s) in question. The responsible manager must be at least 21 years of age. The name(s) and 24-hour contact information shall be on file with the Office of the Board of Selectmen and Police Services Division.
6. The Local Licensing Authority (Board of Selectmen) may impose reasonable conditions and limitations on any Special License that is granted, including but not limited to the hours of operation and the presence of a police detail(s).
7. **Security.** The applicant must present a security plan to the Arlington Police Department before filing this application. This security plan must include provisions for crowd control, dealing with unruly patrons, emergency evacuations, traffic/parking considerations, and controlling access to alcohol by under aged persons. Unless

circumstances warrant otherwise, the security plan will require one police officer for an event that 150 people are expected to attend and two officers for an event that 300 or more people are expected to attend. *The Chief of Police, Operations Commander, or their designee must sign off on this application as to the security plan for the event **before** the application is filed with the Board of Selectmen.* Moreover, applicants must demonstrate that people who will be serving alcoholic beverages are at least 21 years of age and that at least one person who will be staffing each point of service of alcoholic beverages has certification in TIPS or comparable safety training.

8. Unless otherwise voted by the Board of Selectmen, each Special License shall cover a single activity or enterprise.
  - a. A Special License generally is granted for a single event only. The Special Alcohol License may be granted for more than one day at a time **only** if the activity or enterprise spans more than one day.
  - b. The fee for a Special License shall be charged on a per-day basis, \$50.00 for day one and \$25.00 for each additional consecutive day.
9. The Board reserves the right to decline to consider any application filed later than 21 days before the proposed event. The Board may require the filing of references by the applicant at its discretion.
10. Organizers of any event requiring a Special Alcohol License must comply with state statutory and regulatory requirements, which can be found on the website of the Alcoholic Beverages Control Commission: [WWW.MASS.GOV/ABCC](http://WWW.MASS.GOV/ABCC). See Chapter 138, Section 14, of the Massachusetts General Laws and 204 C.M.R. 7.00. If necessary, organizers should consult private counsel to ensure compliance with these legal requirements.

OFFICE OF THE BOARD OF SELECTMEN



TOWN OF ARLINGTON  
MASSACHUSETTS 02476-4908

**SPECIAL ALCOHOL LICENSE APPLICATION**

Name of Applicant: \_\_\_\_\_

Address, phone & e-mail contact information: \_\_\_\_\_  
\_\_\_\_\_

Name & address of Organization for which license is sought: \_\_\_\_\_  
\_\_\_\_\_

Does this Organization hold nonprofit status under the IRS Code? ☐ Yes ☐ No

Name of Responsible Manager of Organization (if different from above):  
\_\_\_\_\_

Address, phone & e-mail contact information: \_\_\_\_\_  
\_\_\_\_\_

Has the Applicant or Organization applied for and/or been granted a special liquor license this  
calendar year? ☐ If so, please give date(s) of special licenses and/or applications and title of  
event(s). \_\_\_\_\_  
\_\_\_\_\_

Is this event an annual or regular event? If so, when was the last time this event was held and at what  
location?  
\_\_\_\_\_

24-Hour contact number for Responsible Manager on Event date: \_\_\_\_\_  
\_\_\_\_\_

Title of Event: \_\_\_\_\_  
\_\_\_\_\_

Date/time of Event: \_\_\_\_\_  
\_\_\_\_\_

Location of Event: \_\_\_\_\_

Location/Event Coordinator: \_\_\_\_\_

Method(s) of invitation/publicity for Event \_\_\_\_\_

Number of people expected to attend: \_\_\_\_\_

Expected admission/ticket prices: \_\_\_\_\_

Expected prices for food and beverages (alcoholic and non-alcoholic): \_\_\_\_\_

Will persons under age 21 be on premises? \_\_\_\_\_

If "yes," please detail plan to prevent access of minors to alcoholic beverages. \_\_\_\_\_

Have you consulted with the Department of Police Services about your security plan for the Event? \_\_\_\_\_

*For Police Chief, Operations Commander, or designee:*

Your signature below indicates that you have discussed this event with the applicant, you have reviewed the applicant's security plan, and any necessary police details have been arranged for the Event.

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
*Printed name/title*

POLICE COMMENTS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
What types of alcoholic beverages do you plan to serve at the Event? (Note: By State Law, all-alcohol Special Licenses are available only to nonprofit organizations.)

\_\_\_\_\_  
What types of food and non-alcoholic beverages do you plan to serve at the Event? \_\_\_\_\_

\_\_\_\_\_  
Who will be responsible for serving alcoholic beverages at the Event? \_\_\_\_\_

\_\_\_\_\_  
What training or certification in responsible alcohol service does this person have? Please attach certificate or other proof of training for at least one person who will have responsibility for serving alcoholic beverages at each point of service and who will be present for the entire Event.  
\_\_\_\_\_  
\_\_\_\_\_



Please list the names and dates of birth for all people who will be responsible for serving alcoholic beverages at the Event. Anyone serving alcoholic beverages must be at least 21 years of age.

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Name of the Massachusetts wholesaler who will deliver to site? (Full supplier list available on the ABCC website: [www.mass.gov/abcc](http://www.mass.gov/abcc))

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Date of Delivery: \_\_\_\_\_

Alcohol Serving Time (s): \_\_\_\_\_

\_\_\_\_\_

How, when, and by whom will excess alcoholic beverages obtained for the Event be disposed of?

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Date of Pick up: \_\_\_\_\_

Please provide details (insurance company, type of policy, name of insured, and policy limits) of any relevant insurance coverage for the Event, included but not limited to General Liability and Liquor Liability insurance. (You may be asked to supply a certificate or other proof of adequate insurance coverage.) \_\_\_\_\_

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**Please submit this completed form and filing fee to the Board of Selectmen  
at least 21 days before your Event. Failure to provide complete  
information may delay the processing of your application.**

**I HAVE READ AND UNDERSTAND ALL RULES AND REGULATIONS:**

Signature: \_\_\_\_\_

Printed name: \_\_\_\_\_

Printed title & Organization name: \_\_\_\_\_

Email: \_\_\_\_\_

**THE LICENSING BOARD OF  
THE TOWN OF ARLINGTON  
MASSACHUSETTS**

**HEREBY GRANTS A**

**SPECIAL LICENSE – ALL ALCOHOL**

In accordance with Section 14 of M.G.L. c. 138, the Board of Selectmen hereby grants a Special License for All Alcohol to:

**NAME:**

**ADDRESS:**

**EVENT DATE(S):**

**ALCOHOL SERVING TIME(S):**

**ALCOHOL DELIVERY DATE:**

**ALCOHOL PICK-UP DATE:**

To be held subject to the following conditions:

1. There must be a designated "RESPONSIBLE MANAGER," who shall be present at all times while alcohol is being served.
2. If the "RESPONSIBLE MANAGER" is absent, then a named alternate must be on file with the Office of the Board of Selectmen and the Police Department.
3. There is to be no alcohol served in front of the building or on any public way.

This license is granted and accepted upon the express condition that the licensee shall, in all respects, conform to all the provisions of the Liquor Control Act, Chapter 138 of the General Laws, as amended, and any rules or regulations made there under by the licensing authorities.

**FEE: \$50.00 for day one and \$25.00 for each additional consecutive day**

**EXPIRATION DATE:**

**IN TESTIMONY WHEREOF**, the undersigned have hereunto affixed an official signature:

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Marie A. Krepelka, Board Administrator

**cc: ABCC  
Police Department**

**THIS LICENSE SHALL BE DISPLAYED ON THE PREMISES IN A CONSPICUOUS POSITION WHERE IT CAN EASILY BE READ**

**THE LICENSING BOARD OF  
THE TOWN OF ARLINGTON  
MASSACHUSETTS**

**HEREBY GRANTS A**

**SPECIAL LICENSE - WINE & MALT**

In accordance with Section 14 of M.G.L. c. 138, the Board of Selectmen hereby grants a Special License for Wine & Malt to:

**NAME:**

**ADDRESS:**

**EVENT DATE(S):**

**ALCOHOL SERVING TIME(S):**

**ALCOHOL DELIVERY DATE:**

**ALCOHOL PICK-UP DATE:**

To be held subject to the following conditions:

1. There must be a designated "RESPONSIBLE MANAGER," who shall be present at all times while wine & malt is being served.
2. If the "RESPONSIBLE MANAGER" is absent, then a named alternate must be on file with the Office of the Board of Selectmen and the Police Department.
3. There is to be no wine & malt served in front of the building or on any public way.

This license is granted and accepted upon the express condition that the licensee shall, in all respects, conform to all the provisions of the Liquor Control Act, Chapter 138 of the General Laws, as amended, and any rules or regulations made there under by the licensing authorities.

**FEE: \$50.00 for day one and \$25.00 for each additional consecutive day**

**EXPIRATION DATE:**

**IN TESTIMONY WHEREOF,** the undersigned have hereunto affixed an official signature:

---

Marie A. Krepelka, Board Administrator

**cc: ABCC  
Police Department**

**THIS LICENSE SHALL BE DISPLAYED ON THE PREMISES IN A CONSPICUOUS POSITION WHERE IT CAN EASILY BE READ**



## **Town of Arlington, Massachusetts**

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### **For Approval: Community Preservation Recruitment Process**

#### **Summary:**

Adam W. Chapdelaine, Town Manager

#### **ATTACHMENTS:**

Type	Description
 Reference Material	CPA Recruitment Process





**Town of Arlington  
Office of the Town Manager**

**Adam W. Chapdelaine**  
Town Manager

730 Massachusetts Avenue  
Arlington MA 02476-4908  
Phone (781) 316-3010  
Fax (781) 316-3019  
E-mail: [achapdelaine@town.arlington.ma.us](mailto:achapdelaine@town.arlington.ma.us)  
Website: [www.arlingtonma.gov](http://www.arlingtonma.gov)

**To:** Members of the Board of Selectmen

**From:** Adam W. Chapdelaine, Town Manager

**RE:** Proposed Community Preservation Act Committee Screening and Appointment Process

**Date:** May 14, 2015

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As the Board is well aware, Town Meeting recently passed a bylaw establishing the new Community Preservation Act Committee (CPAC), of which four members are appointed via a joint effort between the Board of Selectmen and the Town Manager. Though this bylaw is not officially in effect until approved by the Attorney General, Chairman Greeley has taken the initiative to propose a screening and appointment process for your consideration so that we are able to have a recommended slate of candidates ready for appointment once the bylaw is approved by the Attorney General. The proposed process and timeline is as follows:

- Due to the high level of interest anticipated for this committee, it is proposed that a 1<sup>st</sup> round application/resume screening committee be formed. This committee would review all submitted applications and forward those recommended for interview to Chairman Greeley and the Town Manager. It is recommended that this committee be made up of five members, with each member of the Board of Selectmen naming one designee and that such designees be named by the Board at its meeting of June 8, 2015.
- It is also recommended that a CPAC member profile be drafted and issued along with the call for applicants. We are researching other communities' position profiles and also request feedback from the Board on what skills, experience and attributes they are looking for in a CPAC member. It is recommended that a profile be finalized at the Board meeting on June 8, 2015.

- Once approved on June 8, 2015, the position profile, along with a call for applicants will be publicly issued no later than June 12, 2015. This call for applicants will be included in traditional media, posted on the Town's website, issued via a Town Notice and distributed via social media. We suggest keeping the call for applications open until July 10, 2015.
- Once the application period has closed, we will forward all applications to the screening committee for review. We will then request that the screening committee forward names of candidates recommended for interview to Chairman Greeley and the Town Manager no later than July 24, 2015.
- Chairman Greeley and the Town Manager will then interview all candidates recommended by the screening committee with a goal of having a slate of candidates for appointment ready for the Board's first meeting in September of 2015.

I look forward to discussing this proposed process with the Board at Monday's meeting and as always, I am happy to answer any questions that the Board may have.



## **Town of Arlington, Massachusetts**

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### **For Approval: Acting Comptroller & Contracted Services**

#### **Summary:**

Adam W. Chapdelaine, Town Manager

#### **ATTACHMENTS:**

Type	Description
 Reference Material	Memorandum to Board
 Reference Material	Memorandum to Board



**Town of Arlington  
Office of the Town Manager**

**Adam W. Chapdelaine**  
Town Manager

**730 Massachusetts Avenue  
Arlington MA 02476-4908  
Phone (781) 316-3010  
Fax (781) 316-3019  
E-mail: [achapdelaine@town.arlington.ma.us](mailto:achapdelaine@town.arlington.ma.us)  
Website: [www.arlingtonma.gov](http://www.arlingtonma.gov)**

**To:** Board of Selectmen

**From:** Adam W. Chapdelaine, Town Manager

**RE:** Acting Comptroller & Contracted Services

**Date:** May 14, 2015

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I am writing to the Board to request approval of two measures aimed at maintaining the operation of the Comptroller's Office during the interim period between Ruth Lewis's retirement and the start date of her eventual replacement. These two measures are as follows:

- 1) Approve Cindy Fields, the current Assistant Comptroller, as Acting Comptroller. This will provide Cindy with the authorization to sign payroll and expense warrants as well as manage the day to day operation of the office. If approved, Cindy will be paid out of grade salary during the interim period in recognition of the increased level of responsibility.
- 2) Approve entering into a contract with Ruth Lewis for the scope of work outlined in the attached memo for contracted services beyond the scope of what the Acting Comptroller will be asked to perform. As you will see, this scope of work is primarily focused on the closeout of FY2015 and preparation for the annual audit.

I strongly recommend the adoption of both of these measures as I feel that they will maintain the integrity of the office while a replacement is being recruited. As always, I am happy to answer any questions that the Board may have in regard to this matter.



## **Town of Arlington Comptroller's Office**

869 Massachusetts Avenue – Arlington, Massachusetts 02476  
Telephone (781) 316 – 3330 Fax (781) 316-3951

Ruth Lewis  
Comptroller

To: Board of Selectmen

From: Ruth Lewis Comptroller

CC: Adam Chapdelaine, Town Manager

Date: May 18, 2015

Re: Contracted Support Services

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In preparation of my retirement, I have done an analysis of what responsibilities can be distributed among current staff and what work will need to be covered through contracted support services. I am recommending that the Scope of Services for the outside contractor include the following:

- Review and approve journal entries
- Preparation of year end reports for Town Audit
- Review balance sheets for all funds
- Generate balance sheets and supporting documentation for Free Cash calculation
- Answer questions and provide MUNIS support to users

I estimate that the above listed services will take between eight to ten hours per week. If the Comptroller position is not filled by the end of June, it is likely that additional hours will be needed to generate reports that have to be done prior to the beginning of the next fiscal year in addition to making closing and reconciling journal entries. I am able and willing to provide these services beginning June 1, 2015. I propose a rate of \$100 per hour (inclusive of travel).

Please let me know if you have any questions or would like to talk about the proposal in more detail.



## Town of Arlington, Massachusetts

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### Annual Goal Setting - Date Selection

#### Summary:

Adam W. Chapdelaine, Town Manager

#### ATTACHMENTS:

Type	Description
 Backup Material	Memorandum to Board



**Town of Arlington  
Office of the Town Manager**

**Adam W. Chapdelaine**  
Town Manager

**730 Massachusetts Avenue  
Arlington MA 02476-4908  
Phone (781) 316-3010  
Fax (781) 316-3019  
E-mail: [achapdelaine@town.arlington.ma.us](mailto:achapdelaine@town.arlington.ma.us)  
Website: [www.arlingtonma.gov](http://www.arlingtonma.gov)**

**To:** Board of Selectmen

**From:** Adam W. Chapdelaine, Town Manager

**RE:** Annual Goal Setting Session

**Date:** May 14, 2015

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It is once again the time of year for us to consider setting a date for our annual goal setting session. I propose that we consider either Saturday, June 20<sup>th</sup> or Saturday, June 27<sup>th</sup>. As in past years, I propose that we would meet from 8:30AM – 11AM on either one of those mornings. I look forward to setting a date at Monday's meeting.



## **Town of Arlington, Massachusetts**

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### **Vote: Designation of Attorney Jonathan Witten as Special Municipal Counsel**

#### **Summary:**

Douglas W. Heim, Town Counsel

#### **ATTACHMENTS:**

Type	Description
 Reference Material	special municipal counsel vote



VOTED: That Attorney Jonathan Witten, serving in the role of Special Municipal Counsel be and hereby is designated as a Special Municipal Employee in accordance with G.L. c. 268A, § 1(n).

By the Town of Arlington Board of Selectmen on \_\_\_\_\_.

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Chair, Board of Selectmen